

Student Organization Registration

Check All That Apply (Form Must Be Filled Out Entirely): Year _____ **Fall** **Spring**
 Annual Registration **New Registration** **Advisor Change** **Officer Change**

Student Organization Name: _____

Previous Name (If Applicable): _____

Officers' Information Account # (Office Use Only)
(All officer information is open and public record) _____

1. PRESIDENT (Primary Officer)

Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Email	Phone	Student ID #	
Signature			Date

2. VICE PRESIDENT (Secondary Officer)

Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Email	Phone	Student ID #	
Signature			Date

3. TREASURER (Financial Officer)

Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Email	Phone	Student ID #	
Signature			Date

4. SECRETARY (Administrative Officer)

Last Name	First Name	Middle Initial	
Street	City	State	Zip Code
Email	Phone	Student ID #	
Signature			Date

Internal Use

Date Received _____

Fall Credits _____
 Fall GPA _____

Spring Credits _____
 Spring GPA _____

Orientation
 Funding
 Orientation

Fall Credits _____
 Fall GPA _____

Spring Credits _____
 Spring GPA _____

Orientation
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 Orientation

Fall Credits _____
 Fall GPA _____

Spring Credits _____
 Spring GPA _____

Orientation
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Fall Credits _____
 Fall GPA _____

Spring Credits _____
 Spring GPA _____

Orientation
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 Orientation

Student Organization Registration

PRIMARY ADVISOR (Check If New)

Last Name	First Name
Email	Phone
Department	Campus Box
Signature	Date

SECONDARY ADVISOR (*Optional*) (Check If New)

Last Name	First Name
Email	Phone
Department	Campus Box
Signature	Date

Internal Use

Orientation

Funding Orientation

Orientation

Funding Orientation

Constitution on File

Account created

Member list updated

Database updated

Category

Academic Honor Society

Academic Professional

Political

Service

Social

Cultural

Spiritual/Religious

SPENDING AUTHORITY

We, the undersigned, as spending authorities for _____, understand all the responsibilities associated with this position and thoroughly understand all the policies, procedures, and regulations governing the financial aspects of student clubs. We further agree to assume all consequences associated with the execution of the duties of this position.

Print Name	Signature	Date
Print Name	Signature	Date

RETURN THIS COMPLETED FORM TO:

Kathryn Mahoney
 Office of Student Life
 Tivoli 309
 (303) 556-2597
Kathryn.mahoney@ccd.edu