

**Davidson County Community College
New Student Organization Application
2011-2012**

Name of Organization: _____

Category: *(check one)* Academic Athletic Leadership
 Honors Multicultural Religious
 Service Personal Interest Political

The purpose (reason for existence) of this organization is:

How will this organization benefit the College community? _____

Please list some of the activities, fund-raisers, community service projects, or events your organization plans to engage in this school year (2011-2012). **Please note recognized student organizations must commit to at least one service project and campus event as well as regularly participate in SGA sponsored events (fall fest, spring fling, club rush, SGA council meetings, etc.) during the school year. (For more space, use back of page)*

Proposed: **Number of meetings per month:** _____
 Day of the week meetings will be held: _____
 Location Meeting (Bldg & room #): _____
 Time of Meeting: _____

Does your organization have regional or national affiliations? _____

If yes, please indicate the address and phone number of the affiliated group:

Will members of this organization pay membership dues to be members of this affiliated group? YES _____ NO _____

Please list the names and e-mail contact of at least 6 students who support this club formation.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All registered student organizations must have an on-campus faculty or staff advisor. Advisors can be a full-time or part-time employee of DCCC.

Advisor's Name and Phone ext. on Campus: _____

Co-Advisor Name and Phone ext. on campus: _____

The organization must comply with the College's policies including policies on nondiscrimination. The College is committed to equal opportunity for each member of its student body. Therefore membership and participation must be open to all students without regard to age, race, and color, national origin, disability, religious status, gender or sexual orientation.

Advisor's Signature

Date

For Office Use Only

Complete Registration Packet submitted? Yes _____ No _____

- **Application**
- **Advisor's Agreement**
- **Current Copy of Organization's Constitution**

Student Government Action: Granted _____ Denied _____ Reason for denial:

SGA President Signature

Date

Director, Student Life and Leadership Signature

Date