

NEW CLUB APPLICATION

This form is to be filled out and turned in to the Campus Life and Leadership Coordinator.

DATE: _____

CLUB NAME: _____

CLUB MISSION STATEMENT:

CLUB MEMBERSHIP REQUIREMENTS (not required):

CLUB ADVISOR: _____ **EMAIL:** _____

CLUB PRESIDENT: _____

PHONE #: _____ **EMAIL:** _____

OTHER CLUB OFFICERS' NAMES & TITLES

Is your club affiliated with or sponsored by an ECC or national/state academic program? If so, please specify and provide any related documentation.

Attach signatures of at least sixteen currently enrolled students who support this club, with at least five who plan to join as members.

Club President Signature

Club Advisor Signature

Student Government Association President

Campus Life and Leadership Coordinator
Signature