

**Davidson County Community College  
Student Organization Renewal Application  
2012-2013**

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Name and Phone ext. on Campus: \_\_\_\_\_

Co-Advisor Name and Phone ext. on campus: \_\_\_\_\_

<u>Position</u>	<u>Officer's Name</u>	<u>Phone</u>	<u>E-mail</u>
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President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

SGA Representative (s) \_\_\_\_\_

Please list some of the activities, fund-raisers, community service projects or events your organization sponsored for the 2011-2012 school year. *(For more space, use back of page)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of current active members: \_\_\_\_\_

*\*Recognized student organizations are required to have at least 5 DCCC students who are active members.\**

Does your organization have regional or national affiliations? \_\_\_\_\_

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Are there any changes in the organization's constitution or Bylaws? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach with this form)

Please list some of the activities, fund-raisers, community service projects, or events your organization plans to engage in for the new school year (2012-2013). *\*Please note recognized student organizations need to commit to at least one service project and campus event as well as regularly participate in SGA Council meetings and sponsored events (fall fest, spring fling, club rush, etc.) during the school year. (For more space, use back of page).*

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

*The organization affirms that no person shall be excluded from membership, denied the benefits of, or otherwise subjected to discrimination regarding any activity of this organization on the grounds of race, color, national origin, religion, gender, disability, age or sexual orientation.*

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Club Representative's Signature Date

*For Office Use Only*

Complete Registration Packet submitted?

- Application Yes \_\_\_\_\_ No \_\_\_\_\_
- Advisor's Agreement Yes \_\_\_\_\_ No \_\_\_\_\_
- Current Copy of Organization's Constitution or Bylaws Yes \_\_\_\_\_ No \_\_\_\_\_

Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Director, Student Life Signature Date