

SOUTHERN STATE COMMUNITY COLLEGE  
STUDENT CLUB or ORGANIZATION APPLICATION

Name of Organization or Club: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Membership Requirements: \_\_\_\_\_

How does the group or organization plan to sustain itself when members or advisors move on? \_\_\_\_\_

List of students (minimum of 10 recommended) who desire to be members of the club or organization.

Student Names

- |           |                                      |
|-----------|--------------------------------------|
| 1. _____  | Advisor Name _____ (please print)    |
| 2. _____  | _____                                |
| 3. _____  | Signature _____                      |
| 4. _____  | Student Contact _____ (please print) |
| 5. _____  | _____                                |
| 6. _____  | Signature _____                      |
| 7. _____  | Phone _____                          |
| 8. _____  | Email _____                          |
| 9. _____  | Address _____                        |
| 10. _____ | _____                                |

Date Approved \_\_\_\_\_ Date Rejected: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Coordinator of Student Activities

*Student Services*