

College of Lake County Office of Student Activities Student Organization Registration Form

(Please Print Legibly)

Organization Name: _____
Mission/Purpose of Organization: _____

Constitution/By-laws

Please attach the most recent constitution and by-laws to this registration form. If your organization does not have this written document, please refer to the club and organizational manual.

Officer Information (Officers must have at least a 2.0 cumulative GPA to hold office.)

President: Signature _____
Name: _____ Student ID#: _____
Address: _____
Telephone#: _____ Cell#: _____
E-mail: _____ Date Term Expires: _____

Vice President: Signature _____
Name: _____ Student ID#: _____
Address: _____
Telephone#: _____ Cell#: _____
E-mail: _____ Date Term Expires: _____

Secretary: Signature _____
Name: _____ Student ID#: _____
Address: _____
Telephone#: _____ Cell#: _____
E-mail: _____ Date Term Expires: _____

Treasurer: Signature _____
Name: _____ Student ID#: _____
Address: _____
Telephone#: _____ Cell#: _____
E-mail: _____ Date Term Expires: _____

Advisor Information

Primary Advisor:

Name: _____ Campus Extension: _____

Campus Mailing Department: _____

Home Address: _____

Home Phone#: _____ Cell#: _____

E-mail: _____

Secondary Advisor (if applicable):

Name: _____ Campus Extension: _____

Campus Mailing Department: _____

Home Address: _____

Home Phone#: _____ Cell#: _____

E-mail: _____

Regional/National Affiliation (if applicable):

Organization Name: _____

Organization Address: _____

Organization Phone: _____ Fax: _____

Organization E-mail: _____

Member Information (Remember you must have at least 10 members in order to be a recognized student organization.)

Code of Conduct

The College of Lake County students participating in clubs are expected to be the best example of good citizenship at all times and will abide by all guidelines established. Anyone who is caught in the act of theft or vandalism, caught with illegal drugs/alcohol, or is involved in other such offenses at a club event shall, at the discretion of the College staff, be **sent home at the individual's expense and will be kicked out of the club.**

Realizing that all safety precautions will be taken, I exonerate the College of Lake County and its staff of any responsibility in case of accidents. In order to expedite treatment, I hereby give my consent for treatment of minor injury and medical emergencies. I have read this policy and understand and agree to adhere to it and all policies of CLC.

I give permission to be photographed or video-taped for CLC use. I also give permission to CLC staff to check my grades for the purpose of meeting the GPA (if you are an officer) and verifying current enrollment.

As a club member or officer signing this form, I am agreeing to all of the above.

Please Note: You must list all information for all club members. If you have more than 24 members, please attach a separate sheet with all information.

Member Information (cont.)

#	NAME	STUDENT ID#	CELL/HOME PHONE	SIGNATURE
1.				
2.				
3.				
4.				
5.				
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24.				

As a registered student organization at the College of Lake County, our organization agrees to abide by federal, state, and local statutes as well as the College of Lake County policies and procedures that govern students, programs, services, and student organizations. Further, our organization agrees to indemnify and hold College of Lake County harmless in any action or activities of the organization.

President's Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____