

SCC Club Information Form

All clubs must have a minimum of 5 members

Club Name: _____

Advisor: _____

Academic Year: _____

Primary Officers	Name	Phone Number	Email Address
President			
Vice President			
Treasurer			
Secretary			

Club Purpose or Mission:

Club Objectives:

1. _____
2. _____
3. _____

Projected Annual Club Activities:

1. _____
2. _____
3. _____

Membership defined and process for selecting officers:

Signatures to Support Club Recognition:

As signed below, we agree to abide by all college rules and regulations and agree to participate in club council meetings and programs.

Signature of Club Advisor _____

Student Signatures - a minimum of 5 required

