

**JEFFERSON COMMUNITY COLLEGE
CLUB REGISTRATION FORM**

To maintain SG recognition, an organization must abide by the requirements of the Student Government of Jefferson Community College by registering every semester. The registration form must be revised if any of the information on the form changes. Please complete and submit to the Student Development and Activities Center, Room 4-100.

Please Type or Print.

Semester _____ Date Submitted _____

Name of Organization _____

Faculty Advisor(s) _____

Meeting Place _____ Meeting Time, Day _____

Number of Active Members _____ Dues Per Semester (if applicable) _____

List Individual Officers and Their Addresses and Telephone Numbers

President

_____	_____	_____
First Name	M.I.	Last Name

Address	City	State, ZIP Code

E-Mail Address		

Vice President

_____	_____	_____
First Name	M.I.	Last Name

Address	City	State, ZIP Code

E-Mail Address		

Secretary

_____	_____	_____
First Name	M.I.	Last Name

Address	City	State, ZIP Code

E-Mail Address		

Treasurer

_____	_____	_____
First Name	M.I.	Last Name

Address	City	State, ZIP Code

E-Mail Address		

SG Representative

_____	_____	_____
First Name	M.I.	Last Name

Address	City	State, ZIP Code

E-Mail Address		