



Galveston College

Student Club/Organization Registration Check List

Thank you for your interest in registering a student club/organization at Galveston College. Student involvement in extracurricular activities positively affects enrollment and retention.

The following documents are required for club/organization registration for the academic year:

- ✓ Student Club/Organization Registration form
- ✓ Student Club/Organization Membership List form
(*New clubs will receive \$150 for 20 or more members/\$100 for 10 or more members*)
- ✓ Student Club/Organization Advisor Contact form

After approval, the following processes **MUST** occur within 30 days:

- ✓ Submit list of officers for club/organization
- ✓ Identify Representative for SGA meetings (1 student)
- ✓ **Student's name:** _____
- ✓ Submit the club/organization Constitution and By-laws

Note:

- ✓ Advisors and officers must attend a Risk Management training session.
- ✓ Each member must read and sign the Hazing Policy Agreement (the signed list should be remain on record with the club/organization Secretary).
- ✓ Consult with the Coordinator of Student Activities for event planning on and off campus.
- ✓ A Club/Organization Handbook will be distributed after approval.
- ✓ All clubs will have an account on campus (external accounts are prohibited).

For additional questions or concerns, please contact Dr. Kimberly Ellis, Coordinator of Student Activities in SC 100, by email: kiellis@gc.edu, or by phone 409-944-1234.

Student Club/Organization Registration Form

Name of Student Club/Organization

2016-2017 Officers

President: _____ **Email:** _____

Phone: (Cell) _____

Vice President: _____ **Email:** _____

Phone: (Cell) _____

Secretary: _____ **Email:** _____

Phone: (Cell) _____

Treasurer: _____ **Email:** _____

Phone: (Cell) _____

_____ *List additional officers and contact information on a separate sheet* _____

Advisor

Date

Advisor

Date

Student Club/Organization Advisor Information

Name of Student Organization

Statement of Purpose

Advisor:

Name: _____

Office Location/Hours: _____

Phone Number: (Office) _____ (Cell) _____

Advisor: (if applicable)

Name: _____

Office Location/Hours: _____

Phone Number: (Office) _____ (Cell) _____

Advisor's Agreement Statement

I have agreed to serve as a student organization advisor for the 2016-2017 school year. I will ensure that my club/organization members follow the appropriate protocol to be a registered club/organization on campus.

Advisor

Date

Advisor (if applicable)

Date