

College of the Canyons  
Office of Student Development  
**Club and Organization Chartering Form**

**Please type or print all information clearly!**

Date: \_\_\_\_\_

Club/Organization Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address (or Campus Department) City, State, Zip

**Officers (All Officers must be COC Students):**

President/Chair	Vice President	Treasurer	ICC Representative
Full Name: _____	_____	_____	_____
Address: _____ City, State, Zip: _____	_____	_____	_____
Phone #: (____) ____ - _____	(____) ____ - _____	(____) ____ - _____	(____) ____ - _____

Only officers listed on this sheet will have the authority to represent the club in dealings with the College, community, or Associated Student Government.

**Club Advisor**

Full Name: \_\_\_\_\_ Address or Department: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Club/Organization National, State. Or Local Affiliation (if any): \_\_\_\_\_

I hereby certify that the members of (organization name) \_\_\_\_\_ enjoy local autonomy in the choosing of new members without discrimination on the basis of race, sex, sexual orientation, religion, national origin, or disability. I also certify that my club/organization has read the current Club and Organization Responsibilities and subscribe to them in principle.

Signed: \_\_\_\_\_ Approved: \_\_\_\_\_  
Club or Organization President/Chair Office of Student Development

**Brief Description of Club/Organization** (This description is used in Student Development and ASG publications and for release to the public. It must be completed legibly each time you update this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where does your organization meet? \_\_\_\_\_

**Important: All information on this form is made available for release to the public**