

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

Please type or print all information clearly!

Date: _____

Club/Organization Name: _____

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? _____

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

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

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: _____
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Club/Organization National, State, Or Local Affiliation (if any): _____

I hereby certify that the members of (organization name) _____ enjoy local autonomy in the selection 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: _____
Club or Organization President/Chair

Approved: _____
Office of Student Development

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

White Copy: Office of Student Development

Yellow Copy: Club/Organization Advisor

Pink Copy: Club/Organization