



SOUTHERN STATE STUDENT GOVERNMENT ASSOCIATION

SOUTHERN STATE COMMUNITY COLLEGE STUDENT CLUB or ORGANIZATION APPLICATION

Name of Organization or Club: _____

Purpose of Organization: _____

Membership Requirements: _____

How does the group or organization plan to sustain itself when members or advisors move on? _____

List of students (minimum of 10 recommended) who desire to be members of the club or organization.

Student Names

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Advisor Name (please print): _____

Signature: _____

Student Contact (please print): _____

Signature: _____

Phone: _____

Email: _____

Address: _____

Date Approved: _____ **Date Rejected:** _____

Comments: _____

Coordinator of Student Activities

Student Services