

MIDDLESEX COMMUNITY COLLEGE

STUDENT CLUB MEMBERSHIP ROSTER

Instructions: All Middlesex Community College recognized clubs/organizations should complete and return this roster to the Student Activities/Senate Office by the end of the fourth week after the start of classes in the fall and by the end of the second week after the start of classes in the spring. (Please write legibly)

This roster is for: () Fall Semester 20 ____
() Spring Semester 20 ____

Club/Organization Name: _____

Advisor: _____ (see statement)

Officers: President/Co-Presidents: _____

Vice-President/Co-Vice-Presidents: _____

Treasurer/Co-Treasurers: _____

Secretary/Co-Secretaries: _____

Number of active members: _____

- | | |
|-----|-----|
| 1. | 16. |
| 2. | 17. |
| 3. | 18. |
| 4. | 19. |
| 5. | 20. |
| 6. | 21. |
| 7. | 22. |
| 8. | 23. |
| 9. | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

Statement of purpose and/or function of club/organization:

I am aware of the responsibilities of a Student Club/Organization Advisor and I agree to act as the Advisor to this club or organization.

Submitted by:

Advisor's Signature

Date

President/Co-President' Signature

Date

MIDDLESEX COMMUNITY COLLEGE

**STUDENT CLUB/ORGANIZATION
REQUEST FOR ALLOCATION OF FUNDS**

Club/Organization requesting allocation: _____

Semester/year for which funds are requested: _____

Amount requested: \$ _____

Please itemize request:

<u>Dollar Amount:</u>	<u>To be used for:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Please continue on backside if more room is needed)

Discuss general purpose of allocation:

Advisor's Signature

Date

President/Co-President's Signature

Date

For Student Senate use only

Amount allocated to this organization: _____ by Student Senate: \$ _____

Student Senate President's/Co-President's Signature

Date

Student Senate Advisor's Signature

Date

MIDDLESEX COMMUNITY COLLEGE

CLUB/ORGANIZATION ADVISOR'S AGREEMENT FORM

I, _____, have agreed to be Advisor for the following

Club/Organization: _____.

If for any reason I decide to resign as Advisor, I will notify in writing the President of same organization, the Student Senate and the office of Student Activities a minimum of fourteen (14) days prior to effective date of resignation.

This agreement is for Fall 20____ through Spring 20____.

Advisor's Signature

Date

MIDDLESEX COMMUNITY COLLEGE

CLUB/ORGANIZATION OFFICER'S LIST

Instructions: This form must be completed on an annual basis, updated as necessary and filed in the Student Activities Office, Founders Hall. Stop by the Student Activities Office or call 343-5748 for assistance.

Date: _____

Club or Organization: _____

List of officers below is for the academic period: Fall 20_____ through Spring 20_____.

Name of Advisor: _____ **Tel. Ext.:** _____

Advisor's Office Location: _____

Advisor's EMAIL: _____

PRESIDENT: _____

Address: _____

Tel.: _____

EMAIL: _____

CO-PRESIDENT: _____

Address: _____

Tel.: _____

EMAIL: _____

VICE PRESIDENT: _____

Address: _____

Tel.: _____

EMAIL: _____

CO-VICE PRESIDENT: _____

Address: _____

Tel.: _____

EMAIL: _____

SECRETARY: _____

Address: _____

Tel: _____

EMAIL: _____

CO-SECRETARY: _____

Address: _____

Tel: _____

EMAIL: _____

TREASURER: _____

Address: _____

Tel: _____

EMAIL: _____

CO-TREASURER: _____

Address: _____

Tel: _____

EMAIL: _____

Other Officer's Title: _____

Name: _____

Address: _____

Tel.: _____

EMAIL: _____

Current number of active members: _____