STC ACADEMY · SIMULATION TRAINING CENTER

# STUDENT ORGANIZATION / CLUB REGISTRATION

Start or renew a student club, team or interest group

FORM NO. **STC-SL-1004**

SECTION 10
Student Life & Community

**INSTRUCTIONS** Turn in to Student Life with your advisor's signature. Register new groups before the first meeting; renew every program year.

| THIS IS A ☐ New Registration ☐ Renewal | PREVIOUS REGISTRATION # (RENEWALS) |
|---|---|

## 1 ORGANIZATION

| ORGANIZATION NAME | SHORT NAME / ACRONYM | DATE SUBMITTED |
|---|---|---|
| | | |

TYPE

☐ Academic / Study Group ☐ Professional (EMS, Fire, Nursing) ☐ Service / Volunteer ☐ Competition Team ☐ Wellness / Fitness
☐ Cultural / Social ☐ Other: _____

PURPOSE / MISSION What will the group do, and how does it help students or the community?

| MEETING DAY(S) & TIME | HOW OFTEN | REQUESTED MEETING ROOM / WING |
|---|---|---|
| | ☐ Weekly ☐ Every 2 wks ☐ Monthly | |

| NUMBER OF MEMBERS | OPEN TO | DUES? ($ / TERM) |
|---|---|---|
| | ☐ All STC students ☐ One program only: _____ ☐ Other: _____ | |

## 2 OFFICERS & CONTACTS

| POSITION | FULL NAME | STUDENT ID # | PROGRAM | EMAIL / PHONE |
|---|---|---|---|---|
| President | | | | |
| Vice President | | | | |
| Secretary | | | | |
| Treasurer | | | | |
| Other Officer | | | | |

## 3 FACULTY / STAFF ADVISOR

| ADVISOR NAME | TITLE / PROGRAM | PHONE / EMAIL |
|---|---|---|
| | | |

## 4 AGREEMENTS

The president initials each item

| | | | |
|---|---|---|---|
| 1 **Code of Conduct** — All members follow the STC Code of Conduct at every meeting and event. | INITIALS | 4 **Rooms & Equipment** — Book rooms (STC-FAC-306) and equipment (STC-OPS-004) the normal way. | INITIALS |
| 2 **Open & Respectful** — No harassment, hazing or discrimination of any kind. Zero tolerance. | INITIALS | 5 **Money** — Dues and funds are recorded and shown to the advisor when asked. | INITIALS |
| 3 **Events Approved First** — Every event gets an approved STC-SL-1008 before it is advertised. | INITIALS | 6 **Keep It Current** — Tell Student Life within 2 weeks if officers or the advisor change. | INITIALS |

## 5 SIGNATURES

| PRESIDENT SIGNATURE | DATE | ADVISOR SIGNATURE | DATE |
|---|---|---|---|
| | | | |

## OFFICE USE ONLY

Completed by staff only

| DECISION ☐ Approved ☐ Needs Changes ☐ Denied | REGISTRATION # | RENEWAL DUE |
|---|---|---|
| | | |

| REVIEWED BY (STUDENT LIFE) | SIGNATURE | DATE |
|---|---|---|
| | | |