



ASCOCC USE ONLY:	
Date Processed:	_____
Initials:	_____

Establishment of Organization Form

Name of Applicant: _____ Date Submitted: _____

Position within COCC: Student? ___ Faculty? ___ Other: _____

Student Organization Name: _____

Mission Statement: _____

Campus/Community Impact: _____

Meetings Info (estimates)

→ **Frequency:** Weekly? ___ Bi-Weekly? ___ Monthly? ___

Fall Term Meeting Dates: _____

Winter Term Meeting Dates: _____

Spring Term Meeting Dates: _____

→ **Location:** Building: _____ Room: _____ Campus: _____

→ **Time:** From: _____ To: _____

Primary Student Contact

Name: _____

Pronouns: _____
(EX: she/her, he/him, they/them, etc.)

Email: _____

Secondary Student Contact

Name: _____

Pronouns: _____
(EX: she/her, he/him, they/them, etc.)

Email: _____

After you've filled out this page, connect with the Director of Student Affairs or another ASCOCC Council Member. We ask that you connect with one of us to discuss your organization's mission, and to present the five required signatures for verification of establishment. After your organization has submitted the correct paperwork in conjunction with this document, an ASCOCC Council Member will sign off to confirm your club/organization's establishment for the present year.



Verification of Establishment

By signing below, I verify that I am aware of the expectations of ASCOCC and the greater student body for my organization, and I commit to upholding those expectations. The definition of these expectations can be further visited in the Clubs & Programs Handbook, should I ever become uncertain of my role and obligations as a club member or leader.

Student Name: _____

Email: _____ Signature: _____

Student Name: _____

Email: _____ Signature: _____

Student Name: _____

Email: _____ Signature: _____

Student Name: _____

Email: _____ Signature: _____

Advisor Name: _____

Email: _____ Signature: _____

Endorsing ASCOCC Council Member: _____

Signature: _____ Date: _____