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.

Revised April 2019
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:____________________________________

_____________________________________________________________________

Advisor Name: ____________________________
Email:_______________________________ Signature:____________________________________

_____________________________________________________________________

Endorsing ASCOCC Council Member: ____________________________
Signature:________________________________ Date:______________________________

Revised April 2019