CLUB/ORGANIZATION CHARTER FORM

Due by 5th week of Fall & Spring Semester

Club/Organization Name: _____

Semester: _____

Student clubs and organizations must register every fall and spring semester in order to be officially recognized by Norco College. If you are chartering a new club/organization, you must also submit a constitution and receive approval of the Inter Club Counsel before being recognized by the Norco College. Once chartered, clubs/organizations can reserve space on campus, access funding and other resources through the Associated Students of Norco College office, located on the second floor of Center for Student Success building.

AGREEMENT TO ADVISE

I (we), the undersigned, have been asked to advise the club/organization listed above. I understand that, as a club advisor, I will need to be present at all club meetings or club sponsored special events on or off campus; or designate a campus employee to do so.

I also understand that my appointment as an advisor is subject to the approval of the College President, or designee. The club membership understands that the right and duty to approve all functions and activities sponsored by the club/organization.

Full-time Faculty Advisor (Print): _____

Signature: _____ Date: _____

Email: _____

Phone: _____

Co-Advisor (optional): _____

Signature: _____

Email: _____

Phone: _____

Co-Advisor (optional): _____

Signature: _____

Email: _____

Phone: _____

CLUB/ORGANIZATION MEMBERSHIP ROSTER

Please list the club officers and members below. There must be seven members listed in order to be chartered. The undersigned agree that they have paid the current student services fees, meet the requirements for office listed in the club/organization constitution and bylaws, and agree to uphold all campus policies, standards of conduct, and the Constitution and Bylaws of the Associated Students of Norco College.

President (Print): _____   Signature: _____

Email: _____   Phone: _____

Treasurer (Print): _____   Signature: _____

Email: _____   Phone: _____

ICC Representative (Print): _____   Signature: _____

Email: _____   Phone: _____

List other officer positions, or list general members:

Position (Print): _____   Name: _____

Email: _____   Phone: _____

Position (Print): _____   Name: _____

Email: _____   Phone: _____

Position (Print): _____   Name: _____

Email: _____   Phone: _____

Position (Print): _____   Name: _____

Email: _____   Phone: _____

MEETING ROOM REQUEST (if needed)

Time, Days, and Location: 1st Choice: _____

2nd Choice: _____