

# 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

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*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:** \_\_\_\_\_