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.
10. 25.
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:

<table>
<thead>
<tr>
<th>Dollar Amount:</th>
<th>To be used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please continue on backside if more room is needed)

Discuss general purpose of allocation:

______________________________________________________________________________________

Advisor’s Signature ______________________ Date ______________________

President/Co-President’s Signature ________________ Date ________________

For Student Senate use only

Amount allocated to this organization: __________________________ by Student Senate: $ __________

________________________________________ Date ______________________
Student Senate President’s/Co-President’s Signature

________________________________________ Date ______________________
Student Senate Advisor’s Signature
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: _________________