Instructions: Fill out this form completely. All information is required. Return this form to the Campus Life Office. Questions? Please call 460-4610. Please Fill Out Completely

NAME OF ORGANIZATION (as it appears in your constitution):
__________________________________________________________________

Is this a new campus organization? □ No □ Yes If so, fill out New Student Organization Registration

Organization E-Mail Address: __________________________________________

Organization Web Site Address: _______________________________________

Membership – (Actual Voting Members Only):
These numbers should reflect actual voting members of your organization and should not include your organization’s advisors.

Student Members: ______
Faculty/Staff Members: ______
Community Members: ______

TOTAL NUMBER OF MEMBERS: ___
(Please attach a full roster of members to this form)

Does your organization have a constitution? □ No □ Yes If so, please attach if our office currently does not have a copy, or if any changes were made.

Organization Type (check only one): □ Political □ Educational/Departmental
□ Honorary □ Student Governance
□ Professional □ Social
□ Recreational □ Religious □ Service
□ International/Cultural □ Special Interest
Officers*:

Please list all officers for your organization. If more space is needed please attach an additional sheet. For Student Organizations (75% or more student membership) all officers must be Colby students. For College/Community Organizations (50-80% student membership) Colby students must be at least half of the officers for the organization.

<table>
<thead>
<tr>
<th>Officer</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

President of Organization:

Name:_______________________________________________________________________
Address:___________________________________________________________________
Email:___________________________________   Phone Number:_________________

I, the undersigned Primary Officer, on behalf of the organization and with its authority, affirm that it is in compliance, and will continue to operate in compliance with all requirements for a registered student organization. In addition, I affirm that all information given regarding the organization is true and correct.

Signature of President Officer:______________________________________  Date:_________

Full Time CCC Faculty/Staff Advisor:

Name:____________________________________________ E-Mail:______________________
Department:____________________    Campus Phone:_____________________
Building & Room Number:________________________________

I, the undersigned Advisor, understand the requirements for registration and agree to serve as Advisor for the upcoming year. In addition, I understand that as the Advisor I will be cognizant of all organizational activities, aware of financial status and understand and enforce all College policies and procedures.

Signature of Advisor:____________________________________________   Date:_________

*Please complete Change of Officer Form for any officer changes throughout the year.
**CCC Notice of Nondiscrimination:** Colby Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities, and employment. The following person has been designated to handle inquiries regarding the nondiscrimination policies.

**Registration Compliance Statement:**
To register or maintain registration, the organization must agree to the following regulations:

1. Abide by the established policies of the College and the State of Kansas prohibiting discrimination in membership.
2. Abide by all College policies, campus regulations, federal, state, and local laws.
3. Maintain at least three members.
4. Maintain an advisor who is a full-time member of CCC faculty, staff, or administration.
5. Maintain a current copy of the organization’s constitution on file in the Campus Life Office.
6. Maintain a current listing of officers on file in the Campus Life Office.

Noncompliance with any of these requirements is adequate grounds for revocation of registration.

For office use only:

Date Received: ____________
Constitution Received: ☐ Yes ☐ No
Organizational Members Identified: ☐ Yes ☐ No
Officers GPA Checked: ☐ Yes ☐ No
Advisor Signature: ☐ Yes ☐ No
Organization Approved for Upcoming Year: ☐ Yes ☐ No Why: ________________
Signature: ____________________________ Date: ______