

ASUCC CLUB RECERTIFICATION

Quarter: _____ Year: _____

Club Name: _____

The purpose of this club is to: _____

The signatures of thirty (15) currently registered UCC students enrolled for three or more credits are required for the club to be recertified.

Print Name	Sign Name	Please contact me about being a member of the club (Email or phone)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____
7. _____	7. _____	7. _____
8. _____	8. _____	8. _____
9. _____	9. _____	9. _____
10. _____	10. _____	10. _____
11. _____	11. _____	11. _____
12. _____	12. _____	12. _____
13. _____	13. _____	13. _____
14. _____	14. _____	14. _____
15. _____	15. _____	15. _____

Club Representative Name: _____ Phone #: _____ E-Mail: _____

(must be a currently registered student)

I agree, as the main student club member contact, that the club subscribes to the Affirmative Action statement found in the current UCC catalog and that the club will adhere to all federal, state and local regulations regarding college clubs. I understand that if our club violates any rules, regulations and procedures it may be grounds for revocation of club privileges and/or a freezing and/or reclaiming of club funds. I also agree to ensure that a representative of the club is present at weekly ASUCC Student Leadership Team meetings, as scheduled, in order to be considered active by the ASUCC.

Club Advisor Name: _____ Ext.: _____ E-Mail: _____

(full time faculty or staff member preferred but not required)

I have read the Letter of Position Acceptance for Club Advisors and I agree to serve as a club advisor. I declare that the club subscribes to the Affirmative Action statement found in the current UCC catalog and that the club, under my guidance, will adhere to all federal, state and local regulations regarding college clubs.

Club Representative Signature/Date

Club Advisor Signature/Date