Recognition Application for Student Organizations

Thank you for your interest in starting a new organization at Lee College. The Student Government Association (SGA) that recognizes new organizations on campus is looking forward to reviewing your application. Please take the time to read and complete the following. You may attach additional information if desired.

**General Contact Information**

Submitter Name: __________________________________________________________________________

Position in Organization/Club: __________________________________________________________________________

Phone Number: __________________________________________________________________________

Email Address: __________________________________________________________________________

Faculty/Staff Advisor: __________________________________________________________________________

Phone Number: __________________________________________________________________________

Email Address: __________________________________________________________________________

**Organization Information**

Name of Proposed Organization/Club: __________________________________________________________________________

Is there another name your organization will be identified as? (Greek letters, abbreviation, etc): __________

What is the general purpose of this Organization/Club: __________________________________________________________________________

Is this club affiliated with a national organization? If so, please be specific: __________________________________________________________________________

The prospective membership will be: __________________________________________________________________________
Appendix I

The tentative membership will be: ____________________________________________________________

What are your outreach plans to encourage students to join? ______________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Financing

Please check your anticipated funding source (check all that apply):

- Student Government Association
- Membership Dues
- Fundraising
- No funds are necessary
- Other: ______________________________________________________________

Please note that ALL money collected during your events must be deposited to your organization’s account in the Cashier’s Office within two (2) business days. NO EXCEPTIONS. Reports will be drawn on the third day to confirm deposit.

Officer Contact Information

President of Organization: ___________________________________________________________________

Phone Number: ___________________________________________________________________________

Email Address: ____________________________________________________________________________

Vice-President of Organization: _______________________________________________________________

Phone Number: ___________________________________________________________________________

Email Address: ____________________________________________________________________________

Treasurer of Organization: ___________________________________________________________________

Phone Number: ___________________________________________________________________________

Email Address: ____________________________________________________________________________

Public Relations of Organization: _____________________________________________________________

Phone Number: ___________________________________________________________________________

Email Address: ____________________________________________________________________________
Appendix I

Please note that ALL officers must have a cumulative grade point average (GPA) of 2.00 or higher, and must be enrolled in at least 6 semester credit hours in spring and fall semesters. In order to travel, officers and members must have a 2.25 or higher cumulative grade point average (GPA).

**Prospective Membership**

Name #1: __________________________________________________________

Name #2: __________________________________________________________

Name #3: __________________________________________________________

Name #4: __________________________________________________________

Name #5: __________________________________________________________

Name #6: __________________________________________________________

Name #7: __________________________________________________________

Name #8: __________________________________________________________

This is to certify that at least 7 individuals have the intent to participate in this organization/club for the upcoming academic year. Names on the prospective membership must not include names listed on the officer contact information list mentioned above.

Please note that you must attach a copy of the proposed club constitution, or general outline of the organization/club with this form.

Organization/Club Advisor: ____________________________________________

Student Government President: ________________________________________

Student Activities Coordinator: ________________________________________

Date Submitted for Review: ____________________________________________