

Student Club Charter Form

of

SUNY Sullivan County Community College



I. Club Title (include acronyms): _____

II. Purpose(s): _____

III. Interest(s) (enter code) _____|_____|_____|_____|**Other:** _____

IV. Regular Meetings (must be at least once a month)
DAY: _____ **TIME:** _____

V. Officers

PRESIDENT

Name: _____

Email: _____

Phone: _____

VICE PRESIDENT

Name: _____

Email: _____

Phone: _____

SECRETARY

Name: _____

Email: _____

Phone: _____

TREASURER

Name: _____

Email: _____

Phone: _____



VI. Advisor(s)

Name: _____

Email: _____

Phone: _____

Name: _____

Email: _____

Phone: _____

VII. Attachments

Member List Advisor Agreement Club Constitution Other

Signatures

Club President's Signature _____ Date: _____

Club V-President's Signature _____ Date: _____

Club Secretary's Signature _____ Date: _____

Club Treasurer's Signature _____ Date: _____

MEMBER LIST for _____

Name	Email	Phone	Comments
1.			
2.			
3.			
4.			
5.			
6.			
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