



Student Organization Annual Registration

Academic Year: _____ Year Established On Campus: _____

Student: Organization: _____

Advisor(s): _____

Please list the names and titles of the active organization's leadership (President, Vice-President, Chair, Vice-chair, etc.)

OFFICERS

Title (President, VP, Secretary)	Name	Student Number

MEMBERS

Name	Student Number	Name	Student Number

Use an additional sheet for others

Advisor Affirmation

I affirm that I am a full-time faculty or staff member of Lawson State Community College and will serve as the advisor for this organization. Further, I accept the responsibility of advocating and advising the organization to follow ethical and equitable practices that are consistent with the mission and goals of Lawson State Community College.

 Advisor Signature Date Advisor Signature Date

FOR OFFICE USE ONLY

 Received Date Dean of Student/Designee

