

Club Charter Application

Associated Student Government of Oregon Coast Community College
332 S.W. Coast Highway, Newport, OR. 97365

Organization Name:

Student Coordinator/Club Contact Person _____

Address: _____ Phone _____

Advisor Information: _____

Name

Department

Club Purpose: _____

Do you have any requirements for membership? Yes ____ No ____

Do you plan to charge dues? Yes ____ No ____

If yes, how much per member and for what purpose? _____

The undersigned representatives acknowledge that the approval of this chapter application by the ASGOCCC is contingent upon the receipt of the member roster of students and completion of this form. If the charter is approved, the members agree to adhere to ASGOCCC student policies and procedures. By creating this club, you agree that any and all individuals enrolled at OCCC in 1 or more credit classes are eligible to join any club hosted by OCCC, regardless of race, gender, gender expression, sexuality, faith, nationality, social or economic class, and any physical or mental (dis)abilities.

Club Contact Signature/Date

Club Advisor Signature/Date