

# Student Club/Organization Registration Form

\_\_\_\_\_ Date Received

COAHOMA COMMUNITY COLLEGE  
CLARKSDALE, MISSISSIPPI

## STUDENT CLUB/ORGANIZATION REGISTRATION

1. Organization Name \_\_\_\_\_

2. Organization Classification (please circle One)

Academic      Career Technical      Health Sciences      Student Life

3. List of Officers:	Name	Phone#
President/Senate Rep	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Coronation Representatives	_____	_____

4. When are officers elected? \_\_\_\_\_

5. Organization Advisor(s) \_\_\_\_\_

6. Regular Meeting time scheduled:

7. Statement of Club/Organization's Mission Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Goals and objectives for the year (Can Attach to form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please list any special membership requirements for students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

