VWC Club/Organization Registration

Name of Organization: (no abbreviations) Date Received:		
Type of Organization: (check one) □ Honors □ Leadership □ Major/Interest Club □ Intramurals □ Greek Organization □ Community Service		
Meeting Time & Place:		Number of Members:
President: E-mail:	Phone:	Local Address:
Faculty/Staff Advisor: E-mail:	Phone:	Campus Address/Department:
Vice President:	Phone:	E-mail:
Secretary:	Phone:	E-mail:
Treasurer:	Phone:	E-mail
Purpose of Club:		
Club Website	Club E-mail	Summer Mailing Address for Summer contact:
Requirements for Membership:	Secondary Advisor/Coach:	Secondary Advisor/Coach Contact Information:
Elections are held in: Fall Spring	Do you set up a table during Club Fair? Fall Spring	

Registration Agreement

We certify that the above information is accurate and acknowledge any responsibility to keep this record correct by informing the Director of Student Activities. We understand that by registering with Virginia Wesleyan College we must abide by all college rules and policies. We understand that a copy of this form will be forwarded to our advisor and that we must meet with our Advisor on a regular basis. Additionally, our Advisor will oversee our club fundraising account.

Signature, President:_____

Signature, Advisor:_____

Return to Student Activities Office in the Batten Center.