

**Lanier Technical College**  
**Office of Student Government Association**  
**Clubs & Organizations Application Form**

OFFICIAL NAME \_\_\_\_\_

Academic Year: \_\_\_\_\_ Organization:  Returning  New

**Category**

- Cultural       Academic       Military       Performing Arts       Recreational  
 City/County/State Club       Political       Volunteer Service       Religious

**CLUB/ORGANIZATION CONTACT INFORMATION**

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Purpose \_\_\_\_\_

\_\_\_\_\_

Total Membership \_\_\_\_\_

**OFFICERS CONTACT INFORMATION**

President Name \_\_\_\_\_ Student ID \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Vice President Name \_\_\_\_\_ Student ID \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**ADVISORS**

Primary Advisor \_\_\_\_\_ Position \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Secondary Advisor \_\_\_\_\_ Position \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**COLLEGE APPROVAL**

Student Life Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

VP for Student Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_

VP for Administrative Services \_\_\_\_\_ Date \_\_\_\_\_

College President's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Clubs/Organizations Advisor/Co-Advisor

### Letter of Intent

As an Advisor/Co-Advisor, I agree to adhere to abide by all duties of an advisor as specified by the College. I agree to provide administrative and technical assistance, attend meetings and activities of the organization, share relevant information regarding Lanier Technical College policies and procedures, insure and enforce operational practices in accordance with policies and procedures, and approve for all programs and projects undertaken. I also agree to provide general advice to membership as deemed necessary and appropriate, and to also guide the membership in the use of Robert's Rules of Order in conducting the business of the organization as applicable.

**I also agree to take an active part in formulating the goals of the group. Inform the group of infractions of their by-laws, codes, standing rules, and constitution; mediate interpersonal conflicts that arise.**

**Advisors and Co-Advisors have three broad functions:**

- 1. To serve in a supervisory and guidance capacity.**
- 2. To assist in the area of program content and purpose.**
- 3. To assist and help with the growth and development of the membership.**
- 4. To attend ALL club/organization meetings.**

As an Advisor/Co-Advisor, I understand that all incidents that occur effect my organization. If an advisor elects to regulate and control activities, he/she must be willing to accept the duties that accompany that control. Advisors are responsible for the actions of the membership, and its sponsorship of events while in attendance at events on and off-campus. The officers, individual members, advisors, and any other affiliation, as a local, city, state, regional, national, or international association may be liable.

#### **Advisor**

I, (print) \_\_\_\_\_ (signature) \_\_\_\_\_  
have read and understand the above role, duties, and expectations of an advisor.

I agree to serve the (club/organization name) \_\_\_\_\_  
for the (academic year) of \_\_\_\_\_ this date \_\_\_\_\_.

#### **Co-Advisor**

I, (print) \_\_\_\_\_ (signature) \_\_\_\_\_  
have read and understand the above role, duties, and expectations of an advisor.

I agree to serve the (club/organization name) \_\_\_\_\_  
for the (academic year) of \_\_\_\_\_ this date \_\_\_\_\_.

#### **Supervisor/Dean**

As Dean/Supervisor, I approve that they can serve as advisor for the above mentioned club/organization.

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Dean/Supervisor's Name, print

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Dean/Supervisor's Signature

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Date

## Club & Organization Membership Roster

Club/Organization: \_\_\_\_\_

Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Co-Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Membership Roster (add additional sheet if necessary)

Name	Student ID	Officer or Member
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

I acknowledge that it is my responsibility to ensure that members of my respective club/organization are meeting requirements for admission and participation in all activities.

I certify that the above names on this roster meet the eligibility requirements set by the College and assume full responsibility for their eligibility. I have drawn a line through the remaining blank numbered lines on the roster to prohibit additional names being added without my knowledge.

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_