Student Organization Registration

Organization Nam	e:				
Local, State, or National Affiliations:			Academic Year:		
Purpose of Organi	ization:				
Please Type/Print Legibly					
Title	Nam	e:	Stuc	lent ID and/or Emai	I
Advisor:					
		nd SGA meetings once a s or Websites that yo		<u>.</u>	C ,
We would like the fo	llowing:	Canvas Group	NCTC AF	PP Group N	ly.NCTC Page
regulations regard two designated of the Business Offic student or a memi	ling student orgal ficers and one ac æ. The organizat ber of the faculty/	ent: I have read and ag nizations/activities and lvisor may authorize us ion or group does not, /staff of the College Dis rithout pay or compens	the student code se of funds from t and will not, acce strict. As advisor,	e of conduct. I understa he organization's acco ept any member who is I understand my time,	and that any unt through not a
President Signature:	Date:	Advisor Signature:	Date:	Advisor Signature:	Date:
Director of Equity, Div	ersity and Inclusi warded to the Vic	onstitution and an activ ion Daisy Garcia, <u>dgarc</u> ce Chancellor of Enrolli thether the student org	<u>cia@nctc.edu</u> . Aft ment Manageme	ter the three document nt for final review. The	s are submitted an

Active Status Granted: