



APPLICATION FOR NEW STUDENT ORGANIZATION

ACADEMIC YEAR _____

CAMPUS _____

Name of Club or Organization _____

Type of Club or Organization:

Service Social Academic/Professional Cultural Civic Recreational

Do you have at least four members who have committed to participate for the academic year listed above?

Yes No

Is your student club or organization affiliated with a national organization?

Yes No

If yes, list the organization name and contact information of the affiliation.

What is your mission statement? If you do not have a mission statement, please state why you feel your organization or club will benefit Baker College students.

Will you be raising funds as part of this club or organization?

Yes No

If yes, please list your faculty/staff advisor, plans for fund raising and expected expenditures.

The above organization/club agrees to the following statements in order to qualify as a registered organization/club:

- A. No discrimination on the basis of race, color, creed, sex, religion, or national origin shall exist within the organization/club.
- B. No organizational/club rules, constitutions, or bylaws may be in conflict with the policies of the College.
- C. The officers are responsible for familiarizing themselves and members with all College procedures pertaining to the organization/club's activities.



- D. Each organization/club will be responsible for the individual and collective conduct of its members in all of its group sponsored activities and functions.
- E. It is understood that any information on the registration form will be treated as public information and distributed to the College community when necessary.
- F. All organizations/clubs must follow the registration/renewal process at the beginning of every academic year and when new officers are installed. The Director of Student Affairs has the right to deny any student organization/club.
- G. Hazing of any kind is prohibited.

President/Member (Please Print)

President/Member Signature

Date

Staff/Faculty Advisor (Please Print)

Staff/Faculty Advisor Signature

Date

REGISTRATION APPROVED

REGISTRATION DENIED

Director of Student Affairs (Please Print)

Director of Student Affairs Signature

Date