To maintain SG recognition, an organization must abide by the requirements of the Student Government of Jefferson Community College by registering every semester. The registration form must be revised if any of the information on the form changes. Please complete and submit to the Student Development and Activities Center, Room 4-100.

Please Type or Print.

Semester ___________________________ Date Submitted ___________________________

Name of Organization ____________________________________________________________

Faculty Advisor(s) __________________________

Meeting Place __________ Meeting Time, Day _______________________________________

Number of Active Members _________ Dues Per Semester (if applicable) _______________________________________

List Individual Officers and Their Addresses and Telephone Numbers

President

First Name M.I. Last Name
Address City State, ZIP Code
E-Mail Address

Vice President

First Name M.I. Last Name
Address City State, ZIP Code
E-Mail Address

Secretary

First Name M.I. Last Name
Address City State, ZIP Code
E-Mail Address

Treasurer

First Name M.I. Last Name
Address City State, ZIP Code
E-Mail Address

SG Representative

First Name M.I. Last Name
Address City State, ZIP Code
E-Mail Address

Content Manager: Rebecca Small Kellogg