

**PENSACOLA STATE COLLEGE
STUDENT ORGANIZATION
INFORMATION AND RE-CHARTER FORM**

Every student organization must complete this form and submit it to Student Leadership & Activities to be eligible for funding and other student activity privileges.

School Year _____ Date of Submission _____

Name of the Student Organization/Club _____

Campus _____ Club Email _____

Club Facebook _____ Club Website _____

Agency Fund Account Number (Assigned by Comptroller's Office) 6-51030-00- _____

Advisor _____ Department _____ Phone _____

Advisor _____ Department _____ Phone _____

Purpose of the Organization _____

Meeting Time(s) _____ Meeting Location (s) _____

Officers

Name _____ Office/Position President _____

Student ID # _____ Phone _____ Signature _____

Name _____ Office/Position Vice President _____

Student ID # _____ Phone _____ Signature _____

Name _____ Office/Position Treasurer _____

Student ID # _____ Phone _____ Signature _____

Name _____ Office/Position Secretary _____

Student ID # _____ Phone _____ Signature _____

Members: Attach a list of all members and their student ID number to this form

Advisors Affidavit: I have read the College Policy Statement on Advisors and I agree to comply with the responsibilities to the best of my ability. I also understand that it is my responsibility to inform my organization's membership of the Pensacola State College Anti Hazing Policy and the penalties for blatantly disregarding this policy. I will agree to serve as the advisor for the named organization for the school year.

Agency Account Disclaimer: This organization agrees that any funds idle for a period of six months will be transferred to the College Agency Fund to be used for general scholarships. The Advisor and an officer may request, in writing, an extension of the activity use of the account. This request must be received and approved by the Associate Vice President for Business Affairs-Comptroller within the last ten working days of the six-month period.

Advisors Signature/s _____

Student Activities Coordinator _____