Academic Year: 20  Fall ☐  Spring ☐  

** Note: Due to lack of staffing, there is no club program during the Summer semester or semester intersessions. **

NAME OF CLUB: ________________________________________________________________

CLUB ADVISOR(s) (Email any additional advisors to Student Life Office staff, if necessary. All advisors must sign an Advisor Agreement Form and attend a club advisor orientation.)

Name __________________________________ Dept. __________________________ Campus Phone __________
☐ Administrator  ☐ Faculty  ☐ Classified (requires supervisor’s approval on reverse side)

Name __________________________________ Dept. __________________________ Campus Phone __________
☐ Administrator  ☐ Faculty  ☐ Classified (requires supervisor’s approval on reverse side)

CLUB OFFICERS/MEMBERS

All clubs must have at least 6 members in order to be renewed. You do not need to list all of your officers at this time; however, the names of the Club President and ICC representative must be submitted to the Student Life Office prior to the first ICC meeting. Please remember officers must be enrolled in at least 5 units and have a 2.0 GPA or higher.

PLEASE PRINT CLEARLY. (Attach an additional sheet if necessary.)

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<th>Student ID #</th>
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MEETING TIME: WHEN DO YOU WANT YOUR CLUB TO MEET THIS SEMESTER?
Note: Not all times are possible, and will be granted based on availability of locations. An advisor must be present at all club meetings. Club meeting times cannot conflict with ICC meetings on Thursday, 3:30-5:00pm.

1st choice: Day of the week _________ Start Time_________ End Time_________

2nd choice: Day of the week _________ Start Time_________ End Time_________

3rd choice: Day of the week _________ Start Time_________ End Time_________

MEETING LOCATION: WHERE DO YOU WANT YOUR CLUB TO MEET THIS SEMESTER?
The Student Union is the preferred meeting space for clubs. If your club/advisor prefers to meet outside of the Student Union, classrooms are assigned based on availability. Note: The College does not allow food or drinks inside the classrooms. Please indicate your preferred meeting space below:

Student Union (preferred): □ Club Room 210 (25 person capacity) □ Student Union Quiet Room 202A (15) □ Student Union Quiet Room 202B (15) □ Student Union Quiet Room 202C (15)

Classroom (if available):

1st choice: Building Room #

2nd choice: Building Room #

MEDIA NOTICE:
It is the advisor’s responsibility to submit a request to the media department if your club requires media equipment for meetings. The advisor should complete a “Staff Use of Facilities” and submit it to Christine Wasmund, Media Services.

ADVISOR SIGNATURES: *Note: Classified staff is required to obtain Supervisor approval prior to advising a campus club(s). I have been consulted regarding the possible club meeting days and times to guarantee my presence at all club meetings. I commit to attend mandatory advisor training annually and seek out knowledge regarding College and District policies as they relate to clubs and organizations, and to adhere to those policies.

Advisor’s Signature ___________________________ Date ________________________

*Classified Advisor’s Supervisor Signature (if applicable) ___________________________ Date ________________________

CLUB PRESIDENT SIGNATURES
I understand and agree to the following:
1. I have consulted with the advisor about possible days and times of club meetings to guarantee his/her presence at all club meetings.
2. Club membership will be open to all Diablo Valley College Students and adhere the District Board Policy 2001 regarding Non Discrimination.
3. A club representative will attend the Inter-Club Council meetings Thursday, 3:30 to 5:00, SU Conference Room 204.
4. Cooperate with other clubs and the ASDVC in working for the good of the College community.
5. Uphold College and District policies at all official club or organization activities.

Club President’s Signature ___________________________ Date ________________________

FOR OFFICE USE ONLY
Confirmed meeting: Day _________ Time _________ Location ___________________________

Date club member information verified: ______/_____/______ Date renewal sent to Student Life Manager: ______/_____/______

1) Club approved? Y □ N □ BY: ___________________________ Date: ______/_____/______

Manager Comments: ___________________________________________________________________________________

2) Club approved? Y □ N □ BY: ___________________________ Date: ______/_____/______

Manager Comments: ___________________________________________________________________________________

Date approval memo sent to club & advisor: ______/_____/______