



El Camino College Student Development Office

Date Received: _____
Staff Name: _____

TO: ALL CLUB PRESIDENTS AND ADVISERS
FROM: K. Breanna von Stein, Student Services Specialist

This club registration form must be completed at the beginning of each semester and returned to the Student Development Office by the deadline listed below. The information that you provide is used as follows:

1. To verify that your club is in good standing with the college.
2. To check the eligibility qualifications of your club president and Inter-Club Council (I.C.C.) representative as stated in ECC Board Policies and the I.C.C. Constitution. All club presidents and I.C.C. reps must be enrolled in six units and maintain a semester and cumulative GPA of 2.0 or above and in addition I.C.C. reps must have a VALID ASB sticker.
3. To verify the signatures of your authorized club advisers and officers on event scheduling and financial forms.
Calendar Date Requisitions and financial forms will not be processed until this information sheet is filed each semester.

If you have any questions about activating your club, please contact me in the Student Development Office (310) 660-3593, ext. 3394 or email: kvonstein@elcamino.edu. I'm here to support you and to help your club be successful.

CLUB REGISTRATION FOR THE *SPRING 2018* SEMESTER

Name of Club _____

Club Adviser—I have read and agree to policies and procedures provided in the [Club Handbook](#).

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Faculty Adviser's Name _____
Signature _____
Office Location _____
Office Phone Ext. _____

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Office Location _____
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Club President—I have read and agree to policies and procedures provided in the [Club Handbook](#).

I.C.C. Representative _____

President's Name _____
Signature _____
Student ID # _____
Phone Number _____
Email Address _____

Signature _____
Student ID # _____
Phone Number _____
Email Address _____

Club presidents must be enrolled in at least 6 units with a minimum cumulative GPA of 2.0.

I.C.C. reps must be enrolled in at least 6 units with a minimum cum. GPA of 2.0 and have paid \$10 for a VALID ASB sticker.

Treasurer's Name _____
Signature _____
Student ID # _____
Phone Number _____
Email Address _____

**RETURN THIS INFORMATION TO THE
STUDENT DEVELOPMENT OFFICE
BY FRIDAY, APR. 6, 2018 AT 1 P.M.**

Spring 2018 club meetings and events must occur during the Spring semester. No Winter activities permitted.

Turn in the [Calendar Date Requisition \(CDR\) form](#) to schedule your club meetings and events.