

Annual Reactivation Form

All student groups are required to submit this form by no later than the last day of academic classes in the spring semester for recognition the next academic year.

Official Organization Name: _____

Organization Purpose: _____

Point of Contact: _____ @: _____

Email: _____@mynccc.niagaracc.suny.edu Phone: (____) _____

Primary Advisor: _____ Campus Extension: _____

OFFICERS

President: _____ @ _____

Email: _____@mynccc.niagaracc.suny.edu Term of Office: _____ - _____

Vice President: _____ @ _____

Email: _____@mynccc.niagaracc.suny.edu Term of Office: _____ - _____

Secretary: _____ @ _____

Email: _____@mynccc.niagaracc.suny.edu Term of Office: _____ - _____

Treasurer: _____ @ _____

Email: _____@mynccc.niagaracc.suny.edu Term of Office: _____ - _____

RECRUITMENT

Number of Returning Members: _____ Anticipated number of members for the academic year? _____

How do you plan to recruit new members?

Student Group President Signature: _____ Date: __/__/__

Student Group Advisor Signature: _____ Date: __/__/__

FOR OFFICE USE ONLY

Date Received: __/__/20__ Electronic Charter Received Advisor Agreement Received