



**Application for Recognition of Organization**

Name of Organization \_\_\_\_\_

Date of Application \_\_\_\_\_

Proposed Activities of Organization \_\_\_\_\_

\_\_\_\_\_

Are two copies of your proposed constitution and by-laws attached? Yes\_\_\_\_ No\_\_\_\_

Outside affiliations with any other organization must be approved by the Vice President of Student Services:

List any national, state, or local organizations with which you plan to be affiliated:

\_\_\_\_\_

What is the name, address, and phone number of the president of the national, state, or local organization with which you plan to be affiliated?

Attach a copy of the proposed terms of affiliation with Haywood Community College organization as drawn up by the local, state, or national organization.

I approve of the above affiliation: \_\_\_\_\_  
Vice President of Student Services Date

Officers of the Organization:

President -

Vice President -

Secretary/Treasurer –

We, the undersigned of Haywood Community College, as current students in good standing, are interested in becoming members of the organization (suggested minimum of 25 interested members prior to requesting sanction):

*Please see attached sheet*

I am familiar with the duties of an Advisor and I will be glad to serve as an Advisor to the





Approval:

The Student Government Association of Haywood Community College following action on this petition:

Date of Meeting \_\_\_\_\_ Vote of the Meeting \_\_\_\_\_

\_\_\_\_\_  
Signature of SGA President

\_\_\_\_\_  
Signature of SGA Secretary

Approval of this petition by SGA Advisor:

\_\_\_\_\_ Date: \_\_\_\_\_

Approval of this petition by Executive Director of Student Success Services:

\_\_\_\_\_ Date: \_\_\_\_\_

Approval of this petition by the HCC Administrative Council

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Approval of this petition by the President of Haywood Community College

\_\_\_\_\_ Date: \_\_\_\_\_

Letter of action sent to President of Organization: \_\_\_\_\_ by \_\_\_\_\_

Letter of action sent to the Faculty/Staff Advisor: \_\_\_\_\_ by \_\_\_\_\_

Revised 08.20.2009