



Student Club & Organization Charter Request

Office of Student Life & Engagement | 540-351-1567 | engage@laurelridge.edu

Club or Organization: _____

Faculty/Staff Advisor(s): _____

Current Officers:

	Name	VCCS Email
President		
Vice-President		
Treasurer		
Secretary		
Other: _____		

Please answer ALL the following questions in the space provided.

- When does your club or organization plan to hold its meetings on a consistent basis?
- Does your club or organization have a current financial account with our Business Office?
- What are your membership requirements, if any? Do you have any membership fees?
- What is the general purpose of your club or organization?

Signature of Club/Organization President: _____

Signature(s) of Advisor(s): _____

Date Submitted: _____

***You must attach a current copy of your constitution to this form and a list of all members.
A digital copy of this information can also be emailed to engage@laurelridge.edu.***