

# CLUB MEMBERSHIP FORM



**NAME OF ORGANIZATION:** \_\_\_\_\_

**FACULTY / STAFF ADVISORS:** *(One advisor must be a FULL time faculty member)*

Name	Ext.	Signature
Name	Ext.	Signature

*I accept the duties as a sponsor to this organization as stated in the Code of Conduct and as required by the President of ECTC.*

**PURPOSE OF ORGANIZATION:** *(How this group will support and promote the mission of the college?)*

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**Written bylaws are required by each club, stating how officers are elected, what their duties include, other membership(s) and how club business is conducted:**

*(Must be open to all ECTC students. Roberts Rules of Order must be followed while conducting business)*

President _____	KCTCS _____
	EMAIL _____
VP _____	KCTCS _____
	EMAIL _____
OFFICER _____	KCTCS _____
	EMAIL _____
OFFICER _____	KCTCS _____
	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____
MEMBER _____	KCTCS _____
NAME _____	EMAIL _____