



New/Reactivated Club Charter

Name of Club/Organization: _____ New Reactivation

Purpose of Club/Organization: _____

Club Sponsor: _____ Phone: _____

Position: _____ Campus: _____

Officers (if available):

Position:	Name:	Last 4 of B#	Phone:	Titan Email:

Members (minimum of 10 currently enrolled students, including officers, required):

Name:	Last 4 of B#:	Titan Email:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Club/Organization Meetings:

Days:	Times:	Location:	Frequency:

Eastern Florida State College is committed to conducting all activities without regard to age, color, sex/sexual orientation, religion, national origin, race, political affiliation, marital status, veteran status, or physical or mental disability.

Note: New clubs/organizations must submit a constitution/bylaws with this application.

_____ Club _____
 Sponsor _____ Date _____

_____ _____
 Student Government Association President _____ Date _____

_____ _____
 Student Life Coordinator _____ Date _____

_____ _____
 Campus Associate Provost _____ Date _____

_____ _____
 Campus Provost _____ Date _____

_____ _____
 Associate Vice President, Academic Services _____ Date _____