

Academic Year: _____

Associated Students of the University of Hawaii
Windward Community College

Petition for Recognition as a Registered Independent Student Organization

What is the proposed name of your club or organization?

Please provide a brief statement on the purposes and objectives of your group:

What type of activities does your group intend to sponsor?

Membership Criteria:

What must a person do to join?

*No Hazing Policy

Are there any membership dues? Yes No If "yes", how much? _____

Is your club affiliated with any local, state, or national group? Yes No

If "yes," which group? _____

Please list your **Officers for the 20** _____ **- 20** _____ **academic year:**

Name	Position e.g. President, V.P.)	UH Email Only (@hawaii.edu)	UH Affiliation	*UH Number
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(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

*Attach additional pages as needed

Academic Year: _____

Who are your faculty/staff advisor(s)? _____

How often does your club/organization meet? _____

Where does your club/organization meet? _____

Date of Request: _____ Name of Requestor: _____

Signature: _____

Mailing Address: _____

City, Zip Code: _____

Reviewed By: _____
ASUH-WCC Representative Date

Approved/Disapproved: _____
Vice Chancellor of Student Affairs Date

Revised Open LO-BL