

Club/Organization Annual Report Packet

EXISTING CLUBS/ORGANIZATIONS: Please complete the items on this checklist and all required forms at the end of each academic year, but **no later than September 1 of the new year.**

- □ Re-familiarize yourself with Columbia State Policy Number 03:01:00: *Student Organizations and Clubs*. The policy can be accessed <u>here</u>.
- $\hfill\square$ Complete the Annual Report Packet
 - □ Year-End Financial Report (attached)
 - □ Activity Report (attached)
 - NEW registration form to register your club for next year (with roster of members) (attached)

You MUST register every year in order for your club to remain active!

□ Attach an updated Constitution or Statement of Purpose, if applicable *If you need a copy of your previously submitted constitution/purpose statement, please contact student services.*

Please report any broken links to <u>sga@columbiastate.edu</u>. All of these forms can be found separately on the Student Organization website.

What happens if my organization doesn't submit this? Failure to complete the required packet by September 1 may result in NON-RECOGNITION status for your organization for the next academic year, meaning your group cannot request funds, host events or meetings on campus, hold fundraisers, hand flyers/advertise, etc.

TO BE SIGNED AND SUBMITTED AT THE END OF EACH YEAR.

I have reviewed the contents of this packet and ensure all to be accurate to the best of my knowledge. I have completed a new registration form, if applicable.

Club/Organization Name:	
Sponsor:	Date:
President (or other student designee):	Date:



Club/Organization Year-End Financial Report

Registered student organizations must complete this report at t due no later than September 1 of the new academic year. Plea Engagement, and Services (JSC 147) or to	se return to the office of Student Enrollment, <u>SGA@ColumbiaState.edu</u> .
* Note : All expenditures must be transmitted through a club accoun outside bank accounts is pr	00 0
Name of Organization:	
Fiscal year beginning July 1, 20 and ending Jun	e 30, 20
 Please check here if you do NOT have a club account the registration period. Skip to signature section. 	nt <u>and</u> did not handle ANY funds during
Beginning Balance:	\$
Organization Income (itemize each source of income):	
	\$
	\$
	\$
	\$
	\$
Total Income for Year:	\$
Expenses (itemize each expense; use separate sheet if need	ed):
	\$
	\$
	\$
	\$
	\$
Total Expenses for Year:	\$
Ending Balance:	\$
Signature of Organization President/Treasurer	// Date
	//
Signature of Advisor	Date

RECEIVED ON: _____

INITIALS: ____



Name of Organization: _____

Current number of Active Members: _____ **Organization Level:** I Π

Next semester's President (Level I) or student point of contact (Level II) information:

Name: _____

Email: ______ Phone: ______

Please list additional officers' names and information, if applicable:

Position	Name	Email Address

Did you edit your organization's constitution or purpose statement this past year? Yes No *If yes, please attach updated copy or email to <u>SGA@ColumbiaState.edu</u>

Please briefly describe any events or activities that your organization has been involved with this year. Include dates, location, and purpose (attached additional sheet if needed):

Current Advisors:

*Please have new advisors complete an advisory support statement and include with this packet.

Name	Title	Email

Person completing this form:			
Email:	Phone:		
For Office Use Only:	RECEIVED ON:	INITIALS:	



STUDENT ORGANIZATION APPLICATION FOR REGISTRATION

Name of Organization_____

Date: _____Registration Period: _____

Registration Status: (Select one) Level I_____ Level II_____

Applicants must attach appropriate documentation required for the registration status chosen. See Columbia State Policy Number 03:01:00: *Student Organizations and Clubs* for more information.

STATEMENT OF CERTIFICATION

"In seeking registration, the above named organization certifies that it will comply with all applicable rules, policies, regulations, and procedures of the Tennessee Board of Regents and Columbia State Community College and with all federal, state, and local laws and regulations."

Print Name	Student ID Number	Signature

Attach additional sheet if necessary.

Columbia State Employee Sponsor(s):

 For Office Use Only

 Registration: Approved ______ Approved with Conditions_____ Disapproved _____ Date ______

 Terms of Conditions: _______

 Signed: _______
