

BIG BEND COMMUNITY COLLEGE

**Recognition of Student COMMUNITY**

Date Submitted \_\_\_\_\_

Before submitting this application be sure to:

1. Obtain signatures of the community president and faculty/staff mentor.
2. Attach current membership list (must be at least 5 active members).

NAME OF COMMUNITY \_\_\_\_\_

OFFICERS

Office	Name	SID	Phone
--------	------	-----	-------

President \_\_\_\_\_

Secretary \_\_\_\_\_

Time and place of meetings \_\_\_\_\_

Purpose \_\_\_\_\_

Requirements and/or limitations of membership \_\_\_\_\_

Special Remarks \_\_\_\_\_

-----  
I hereby request renewal of official recognition for the COMMUNITY named above in order that it may continue to use the mane and facilities of Big Bend Community College, and be eligible for ASB budget subsidization. I agree, for the COMMUNITY, to observe and support the policies, regulations, and procedures of the College.

\_\_\_\_\_  
Signature of Community President and date

I am acquainted with the above-named organization, and the College regulations pertaining to Student Activities. I agree to serve in the following capacity:

\_\_\_\_\_  
Signature of Community Mentor and date

Renewal of Recognition is:    Approved     Denied     (Explanation attached if denied)

\_\_\_\_\_  
Signature of ASB President

\_\_\_\_\_  
Signature of Activities Director