

Student Organization Annual Accreditation 2009–10

Name of Student Organization:						
Current number of members:		Anticipated number of members:		Have we received a digital version of your logo? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Governance:						Do you need copy access?
Name	Title	Major	E-mail	Phone		
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Representative to Kennedy Center Student Council:						
Requirements for membership: <input type="checkbox"/> Dues—Amount \$ per (period): <input type="checkbox"/> Participation—Specify: <input type="checkbox"/> Major/Area-specific—Specify: <input type="checkbox"/> Limited to year in school—Specify: <input type="checkbox"/> Other—Specify:			Specify location, time, and frequency of meetings: Faculty advisor name, department, e-mail/phone: Organization e-mail address: Will the members of your organization require access to our purchasing cards to purchase club related goods and services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Organizational Objectives:					Is there a National affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the primary mission of your student organization:					Name:	
Describe how your student organization fulfills the academic and service mission of the Kennedy Center:						

