****NEW CLUB AND SOCIETY REGISTRATION FORM**

 **For approval**

**Shaping Swinburne’s Future Today**

The Entrepreneurial University
The Research Intensive University
Internationalisation
Flexible Learning and Teaching
The Intersectoral Advantage

**\*Please fill in the form using CAPITAL LETTERS and circle whenever appropriate.**

Name of Club :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor(s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with external clubs or organisation: Yes / No <Please circle applicable>

If yes, please indicate which club or organisation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Fee: RM \_\_\_\_\_\_\_\_\_\_\_\_\_ monthly / semester / yearly

How many times do you meet: \_\_\_\_\_\_ in a month.

 \_\_\_\_\_\_ in one semester.

Regular venue for meetings / activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

………………………… ……………………….

(Insert Name) (Insert Name)

President, Secretary,

<Insert your club name> <Insert your club name>

Date: …………………. Date: ………………..

**Endorsed by,**

***Please attach the following documents:***

1. ***Minutes of first meeting***
2. ***Club’s rules and regulations***
3. ***Club’s Terms of Reference***
4. ***Office Bearers name list***
5. ***Members name list***
6. ***List of activities planned for the year***

………………………

(SSSC President Name)

President,

Swinburne Sarawak Student Council

Date: ………………….

**Signatories**

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| **Student Life**  |
| **Decision** : Approved / Not Approved**Comments** :…..……………………… Student Engagement Executive,Student Experience, Student Life.Date: …………………… |
| **Student Life** |
| **Decision** : Approved / Not Approved**Comments** :…..………………………Assistant Manager Student Life,Student ServicesDate: …………………… |
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| **Student Services**  |
| **Decision** : Approved / Not Approved**Comments** :…..………………………Manager, Student Services, Student EngagementSwinburne University of TechnologySarawak Campus.Date: …………………… |