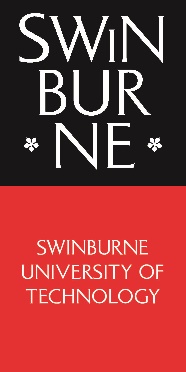
****NEW CLUB AND SOCIETY REGISTRATION FORM**

**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**

|  |
| --- |
| **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 Services  Date: …………………… |
|  |

|  |
| --- |
| **Student Services** |
| **Decision** : Approved / Not Approved  **Comments** :  …..………………………  Manager, Student Services,  Student Engagement  Swinburne University of Technology  Sarawak Campus.  Date: …………………… |