Associated Students of Western Nevada
Student Organization Recognition Form

Recognition Type: □ New □ Renewal

Please review the ASWN Student Organizations/Clubs Operating Manual before submitting this form. You can find this document at www.wnc.edu/clubs/. Following review of all documents, please drop this form off at the ASWN Office, Dini 105, with any ASWN Government representative or advisor. Once your application has been reviewed by the appropriate persons, an ASWN representative will contact you. The application will then be voted on in the Governing Board meeting for final approval. If you would like to contact the ASWN Student Government, you can do so by calling 775-445-3323 or by email at aswn@wnc.edu.

Date: _______________________

Formal Name of Organization: ____________________________________________________________________

Organization Leaders: Please write legibly and use full name (first, middle and last name)

President
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Vice President
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Secretary
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Treasurer
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Primary Advisor (required)
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Secondary Advisor (if needed)
Name: ______________________________________
Email: ______________________________________
Telephone: __________________________

Agreement
I have read and understood the ASWN Student Organizations/Clubs Operating Manual in it entirety.

President Signature: _____________________________ Date: _______________________

Secretary Signature: _____________________________ Date: _______________________

Advisor Signature: _____________________________ Date: _______________________
Organization Rationale-Please detail how your organization will benefit the entire WNC student population:

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ASWN Student Government Use Only

ASWN President Signature _____________________________________________ ASWN Vice President (appropriate campus)

ASWN Advisor _______________________________________________

Date Approved/Declined □ Approved □ Declined
# Membership Roster

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**Meeting Information:**

Dates: ________________________________________________________________

Times: ________________________________________________________________

Locations: ____________________________________________________________
Thank you for taking the time to contribute to the co-curricular lives of the students at Western Nevada College by agreeing to serve as an advisor to a student organization on campus. We hope that your experience will be enjoyable and worthwhile. The Office of Student Life encourages you to sign this Advisor’s Agreement, which states the expectations that the Office of Student Life and your particular student organization has of you as their advisor. By establishing basic expectations at the beginning of this advising relationship, a positive working rapport can easily be built between the club and its advisor. The Office of Student Life and the Associated Students Western Nevada wish you a successful year and one that is fulfilling and rewarding.

I, ______________________________, as Advisor to the __________________________ of Western Nevada College agree to:

1. Meet regularly with the student organization’s executive board to discuss goals, needs and events.

2. Act as fiscal advisor if the organization receives ASWN Student Government funding or raises money through fundraisers. The advisor must ensure that the organization spends its funds within established ASWN, institutional and system-wide guidelines and are utilized for the projects listed within the organizational budget.

3. Ensure that the organization files recognition/registration paperwork annually and updates changes in organizational leadership and organization membership when necessary.

4. Attend meetings and activities in accordance with the policies and procedures of the organization.

5. Act as a resource, directing members to appropriate college offices for assistance.

6. Ensure that the organization’s actions conform to the College’s policies and procedures.

______________________________________   ______________________
Advisor’s Signature               Date