



**Northeast Iowa Community College**  
**Office of Student Life, Diversity and Leadership**  
**Club Semester Registration**

**Club Information****Term:****Date:**

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

Regular Meeting Day, Time, and Location: \_\_\_\_\_

Club Webpage (if applicable): \_\_\_\_\_

**Officer Information:****TITLE****NAME****PHONE #****Advisor(s) Names** *(Must be Authorized College Personnel)***Total Number of Members**

5 members required for official club recognition. Please list

five committed students and NICC ID # members:

**NAME****NICC ID #**

I certify that the above information is correct and that I am agreeing to serve as the president/  
 advisor of this club for the academic year.

\_\_\_\_\_  
**Student Officer Signature**\_\_\_\_\_  
**Student Club Advisor Signature**

*Fill out this form in its entirety and submit to the Student Life Office. Complete electronically or  
 print and fill out. Contact the Student Life Office with any questions.*

**OFFICE of STUDENT LIFE USE ONLY**

Student Life Approval Signature:	Date:
iMPACT Approval Signature:	Date:
SS Dean approval Signature:	Date: