

LGTA CAMPUS CLUB REGISTRATION FORM (START A CLUB)

Club Name: _____

Proposed Club Category: _____

Purpose / Mission of the Club: _____

Name of Founder: _____

Student Registration Number: _____

Course & Year of Study: _____

Phone Number: _____

Email Address: _____

Proposed Patron / Advisor Name: _____

Patron Contact Information: _____

List of Founding Members (At least 5): _____

Meeting Schedule (Day/Time/Location): _____

Signature of Founder: _____ Date: _____

Approval (For Office Use Only): _____