

INTENT TO BE ACTIVE FORM

SEMESTER:	YR:	NAME OF ASIVC – I4C CLUB (Print below)
Club Mission/Purpose Summary:		

Complete Club Executive Officer(s) Name/Title/IVC Email/Student ID# & Contact info below.			
Note: All ASG/I4C eligibility and/or extra-curricular Club specific criteria must be met to hold an Executive Officer's seat in an ASIVC Club each semester of being active. Please review ASG of IVC/I4C constitution and by-laws and ICC codes for details.			
Print Name/Title: (Official- IVC COR name)	Signature	IVC Email address	Contact Phone # Student ID#
<u>President:</u>			
<u>Vice President</u>			
<u>Secretary:</u>			
<u>Treasurer:</u>			
<u>I4C Representative:</u>			
<u>Officer/Title:</u>			
<u>Officer/Title</u>			

As Advisor and/or Co-Advisors(s), I/We agree to advise and sponsor the above named extra-curricular club, Co-curricular activity and organization. I/we will be present at all legally constituted meetings that I/we - am/are required to supervise.			
Advisor(s) Print Name	Signature	Email address	Contact Phone/ext.

CLUB/ORGANIZATION Meeting Schedule	Time:	Day:
Please list (right side) - Club meeting - Time/Day/Location/How often Note: We will be happy to assist advisors in securing a classroom on campus to hold their meetings. Also, the ASIVC Conference Room SSC 260 F may be scheduled. Availability is based on first come/first served and scheduled through the Student Life Office. 949.451.5442/5507 or email ivcstudentlife@ivc.edu		
	Location:	How Often:
OFFICE USE ONLY! Do not write below	Date Approved by ASIVC ICC	On file
Date Filed/Received:	Date Approved by Student Life Director:	On file
Special Notes:	Date Approved by VP Student Services:	On file

Note: ALL club members complete the backside of this form to confirm their membership in this club. PLEASE RETURN THIS FORM WITH BOTH SIDES COMPLETED TO THE STUDENT LIFE OFFICE - LOCATED IN STUDENT SERVICES CENTER – ROOM SSC 260 | Email: ivcstudentlife@ivc.edu

