

Annual Recognition Form

Student Organizations & Specialty Committees – VCOM–Virginia Campus

Guidelines: This form should be completed within four weeks of installing new officers.
Staple any supporting information to this form, leaving Annual Recognition Form on top.

Executive Leadership Team

Organization Name: **Choose an item.**

Faculty Advisor(s):

Position	Student Name	Email PID (xxxxxxx@carolinas.vcom.edu)	Cell Phone
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			

Organizational Documents & Fees

- Do you have a copy of your organization’s (i.e. the Virginia chapter) constitution and by-laws? Yes No, we are working on this.
- Does your constitution include guidelines on conference travel? Yes No, we are working on this.
- When are your **national** affiliate membership fees due? _____
- How are your chapter’s **national** dues paid? (online, paper check, etc. – please include address) _____
- How much is the membership fee a student must pay to join your group? Enter dollar amount **per member** in each line to the right, or type ‘n/a’ if that particular fee does not apply.

National Dues Fee:	_____
Local Chapter Fee:	_____
Membership Polo Fee:	_____
Total Amount Due:	_____
- When a member gives you a dues check, for how many years will his/her membership be covered? _____

Executive Vision

Past Projects

Please provide a list of events, programs, and outreach sponsored by your organization over the past year.

Looking back over the past year, which of your organization's programs had the strongest impact?

Looking back over the past year, which of your programs would you do differently or omit? Please explain.

Future Plans

Please provide a list of anticipated events, programs, and outreach for the upcoming year.

Indicate when, where, and how often your **executive board** will meet:

Indicate when, where, and how often your **general membership** will meet:

What type of support do you believe you will need from the Office of Student Services?

Membership

How many new members joined your organization over the past year?

What is your total membership?

Attachments

Please attach the following to your form:

- Current Membership Roster with Student Name, Class Year, and Dues Payment Status
- Copy of Constitution & By-Laws

Submitted by:

(Typed Name:) _____

(Signature & Date:)

(Shaded Area for Office of Student Services Use Only)

Received by: _____

Date: _____

Membership Roster Rec'd

Constitution & By-Laws Rec'd

Date of last National Dues Payment: _____