Petition for Re-Activation of a Mississippi College Student Organization

Name of Organization: ____________________________________________

Sponsoring Group (if applicable): ________________________________________

Charter Student Member(s): ____________________________________________
**Please attach an additional list if more space is needed. ____________________________

Nature or Purpose of the Organization: ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Membership Standards: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Cost of Initiation____________________________ Cost of Annual Dues__________________

Probable Maximum Enrollment: ____________________________________________

Meeting Requirements: ________________________________________________

Sponsor(s): __________________________________________________________

Contact Person for Chartering Committee: ________________________________
Telephone Number for Contact Person: ________________________________

_________________________________________ ______________________________
Signature of Contact Person Date

_________________________________________ ______________________________
Signature of Sponsor Date

***Please return this form along with the organization’s constitution to the Office of Student Development, Nelson 203B or MC Box 4042, Clinton, MS, 39058.***