

GENERAL GUIDANCE

The purpose of this form is for AUM students to apply for the setting up of a club or association affiliated with the University.

ORGANIZATION'S DETAILS

Organization Name: _____ Acronym (if applicable): _____

DETAILS OF EXECUTIVE BOARD

President

Last Name: _____ First Name: _____ Middle Initial: _____

AUM ID: _____ Email: _____ Phone: _____

PURPOSE OF THE CLUB/ORGANIZATION

Please briefly describe the purpose of your club/organization.

CRITERIA FOR MEMBERSHIP

Please describe the criteria for membership.

AFFILIATIONS

Please list any affiliations that you have with any international organizations.

DIRECTOR OF STUDENT AFFAIRS

_____	_____	_____
Name	Signature	Date

STUDENT SIGNATURE

_____	_____	_____
Name	Signature	Date

PLEASE RETURN THIS FORM TO

Student Affairs Office | Room: 206 | Email: studentaffairs@aum.edu.mt