



MILLIGAN

STUDENT GOVERNMENT ASSOCIATION

Club Formation Request

School Year: _____ Club Name: _____

Advisor: _____

Officers, *(Please list names and phone numbers.)*

Date and Time of meetings: _____

Goals and Objectives of this club: _____

SGA only below this line

Date Received _____

President's Actions: **Approve** **Veto** Signature: _____

Action Taken by Senate: **Approve** **Veto** Parliamentarian: _____
 Approve _____ Veto _____ Abstentions _____



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To become a club, you must have twenty signatures from non-SGA members.

1. _____

2. _____

3. _____

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