



CCC Student Organization Affiliation Registration Form & S.o.D.A. Application

UC Davis Cross Cultural Center
Student Community Center (First Floor)
(Phone) 530-752-4287 or (Fax) 530-752-5067

For Academic Year: _____ Registration will expire on: _____

1. Full Name of Student Organization (including any acronym you use):

2. Name of student leader or officer responsible for this application:

Name _____ Student ID# _____

Phone # _____ E-mail: _____

Does your organization have an advisor? If so, please provide name and contact information:

If you need any additional space for the following questions, please feel free to add another sheet to this application.

3. What is the mission/purpose of your organization?

4. How does your mission/purpose relate to the Cross Cultural Center Mission Statement?

Born out of student activism and political struggle, the UC Davis Cross Cultural Center provides a culturally relevant community space where student voices can be expressed and respected. The CCC cultivates critical consciousness and cultural competency by providing learning opportunities at the crossroads of the many aspects of our identities and experiences. By embracing our cultural and intellectual heritage, the CCC supports student leadership in advancing our collective vision for community empowerment and social justice.

5. What is the history of your organization on this campus? (When and why was your organization established?)

6. Why do you want to become affiliated with the Cross Cultural Center?

7. Does your club currently have a website? If so, please list web address:

8. Are you currently registered with the campus such as the Center for Student Involvement (CSI)?

9. Are you affiliated with any other academic program or department on the UCD campus? If so, please list:

10. Please list all officers/titles and contact information (please attach another sheet of paper if more space is needed).

Name _____ Phone # _____ Email _____ Stud. ID# _____

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11. Please list the Annual Events/Programs your organization coordinates/plans/or hosts each school year. Be sure to restrict your list to annual events only.

Please sign the following statement:

We have read & understood that as an affiliated organization of the CCC, we are committed to the promotion of and respect for cultural diversity and support of the mission of the CCC. Furthermore, all information provided on this registration form is correct and complete to the best of our knowledge. By signing below, as a representative of the organization and on its behalf, I consent that the CCC may publish and disclose information about this organization to interested parties, per UC Davis policy and CCC discretion. Furthermore, when using CCC facilities or CCC copyrighted material, my organization will abide by CCC policies and procedures.

Signature: _____

CCC Office Coordinator Signature:	Date:
_____	_____