



# Chartered Student Organization Application

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*\* indicates required field.*

**Organization Name:\***

**President:\***

**E-mail:\***

**Phone:\***

**Advisor:\***

**E-mail:\***

**Phone:\***

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**Attachments:\***

**Student Organization Information Form**

**Student Leader Agreement Form**

**List of Current Members**

**Advisor Verification Form**

**Dues/Income Agreement Form**

**Student Body Approval Petition**

**Current Constitution and Bylaws**

*Note: While a constitution is mandatory, bylaws are not required to be submitted at the time of application for club status. However, bylaws must be submitted by the time a club has been chartered for one semester in order to maintain chartered status.*



# Student Organization Information Form

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**Mission Statement:\***

**Goals of the organization for the academic year (possible activities, events, and trips):\***

**How will your organization add to the George Fox University community?\***

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**How often will this organization meet?\***

**How often will this organization hold officer meetings?\***

**Where will your organization meet?\***

**Number of present members:\***



# Student Leader Agreement Form

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*Each officer is required to read and sign this form.\**

I have read the ASC Student Organizations Policy Manual and fully understand the material. I am aware that the ASC Student Organizations Director is available for any questions, comments, or concerns.

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_

**Officer Position:**

**Officer Name:**

**Signature:** \_\_\_\_\_



# List of Current Members

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*Student Organizations are required to have at least 5 members to obtain chartered status. Please list each member's name on a new line.\**



# Advisor Verification Form

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**Student  
Organization  
Name:\***

**Advisor:\***

**E-mail:\***

**Phone:\***

**Department (if  
applicable):**

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## All Organizations:

I am currently employed as a George Fox University faculty, administrator, or staff member. I agree to serve as advisor of the organization listed above. I have read the ASC Student Organizations Policy Manual and agree to the role of a Student Organization Advisor. I understand and agree to be listed as the signatory on the student organization's checking account or ASC account (should one be needed). I will notify the Director of Student Involvement, the ASC Student Organizations Director, and the ASC Vice President of Finance of any change in my status as advisor of this organization.

**Advisor Signature:\*** \_\_\_\_\_

**Date:\*** \_\_\_\_\_

**Printed Name:\*** \_\_\_\_\_

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## Academic Organizations only:

The organization named above is affiliated with the department listed below at George Fox University. Its activities fully relate to education, research, and the mission of the University and to the goals and objectives of this department.

**Academic Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



# Dues/Income Agreement Form

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**Will this organization will charge its members dues?\***

Yes

No

**Does this organization plan on fundraising?\***

Yes

No

**If yes, what fundraising activities will be held?**

**Please choose one:\***

This organization will receive funding from its affiliated academic department.

This organization would like to have an account with ASC and receive ASC funding.

This organization will have a private account outside of ASC and does not want ASC funding.

Other

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**If the organization will have a private account outside of ASC, please provide the following information:**

**Name of Bank:**

**Account Number:**



# Dues/Income Agreement Form (Cont.)

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This organization agrees to adhere to sound financial policies as outlined in the ASC Student Organization Policy Manual. This organization agrees to establish a checking account, departmental account, or ASC account if the organization is collecting income, and to require two signatures on every check or check request to include the Advisor and President (or Treasurer) of the organization.

**President Signature:\*** \_\_\_\_\_

**Date:\*** \_\_\_\_\_

**Printed Name:\*** \_\_\_\_\_

**Advisor Signature:\*** \_\_\_\_\_

**Date:\*** \_\_\_\_\_

**Printed Name:\*** \_\_\_\_\_

