

Application for Club/Organization Charter

Club/Organization Name: _____ Date: _____

Faculty/Staff Advisor: _____ Campus: _____ Phone: _____ Email: _____

Main Student Contact: _____ Phone : _____ Email: _____

Please indicate on which campus your club/organization will be active:

ONTARIO CALDWELL DUAL-CAMPUS

If Ontario-only, does your club/organization offer any events, activities or services at the Caldwell Center?

YES NO

An **Ontario** club/organization exists solely on the main campus, with an Ontario faculty/staff member advisor and Ontario student members.
A **Caldwell** club/organization exists solely at the Caldwell Center, with a Caldwell faculty/staff member advisor and Caldwell student members.
A **Dual-Campus** club/organization charters on both campuses by selecting an advisor from both Caldwell and Ontario, and has at least 10 member students from Caldwell and 10 member students from Ontario.

Note: The Clubs/Organizations Coordinator will use the Main Student Contact and the Advisor Contact information to stay in consistent contact with the club/organization. Contact information may be accessible to the public if need necessary and is compliant with FERPA. The **Main Student Contact** will be the club/organization representative to the ASG and must be available to attend mandatory meetings.

Club/Organization Purpose:

Planned Activities and Events

On-Campus Meeting Date/Time/ Location:

Charter Membership Roster

Please list at least 10 currently enrolled student members. For Dual-Campus Clubs/Organizations, 10 members from BOTH the Caldwell Center and the Ontario Campus must be listed. More members may be listed on the back of this application if needed. Student Enrollment Data will be verified by the Clubs/Organizations Coordinator to ensure current enrollment.

Student Name	Student ID#	Phone	Email (if available)
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Return this application to the Clubs/Organizations Center. The Clubs/Organizations Coordinator will notify you of date/time/location of the charter application review meeting. It is essential that a club/organization representative and/or advisor attend the review meeting to answer questions.

I have read and understand the ASTVCC Club/Organization Chartering procedures. I agree, as the main student contact, that our club/organization will abide by the procedures and rules stated in the ASTVCC Clubs/Organizations Chartering and General Procedures Manual. I understand that if our club/organization violates any of the stated rules and procedures our club/organization may face probation or charter revocation. As the main student contact, I understand I am responsible for keeping club/organization members informed on these policies and staying in contact with the club/organization advisor.

Main Student Contact Signature	Student ID #	Date
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Advisor Signature	Date
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Student Programs Use Only

Received by _____ Date Completed Application Received _____

Date of Charter Approval _____ Date of Charter Denial _____