

SGA CLUB CHARTER

Date: _____

Name of Club: _____

Purpose of Club: _____

Today's Date: _____

PRESIDENT: _____

Local Address: _____

Receive mail at this address? Yes ___ No ___ Commute from home? Yes ___ No ___

Home Address: _____

Cell Phone: _____ Local Phone: _____

Email Address: _____

VICE PRESIDENT: _____

Local Address: _____

Receive mail at this address? Yes ___ No ___ Commute from home? Yes ___ No ___

Home Address: _____

Cell Phone: _____ Local Phone: _____

Email Address: _____

TREASURER: _____

Local Address: _____

Receive mail at this address? Yes ___ No ___ Commute from home? Yes ___ No ___

Home Address: _____

Cell Phone: _____ Local Phone: _____

Email Address: _____

SECRETARY: _____

Local Address: _____

Receive mail at this address? Yes ___ No ___ Commute from home? Yes ___ No ___

Home Address: _____

Cell Phone: _____ Local Phone: _____

Email Address: _____

SGA REPRESENTATIVE: _____

Local Address: _____

Receive mail at this address? Yes ___ No ___ Commute from home? Yes ___ No ___

Home Address: _____

Cell Phone: _____ Local Phone: _____

Email Address: _____

Club Meeting Time/Days and Place: _____

Club Advisor (Name and Email): _____

SIGNATURES

Club Advisor: _____

SGA President: _____

Director of Student Activities: _____

Dean of Student Development Services: _____

Please fill out and return to the student activities office to be approved by the SGA, Director of Student Activities, and Dean of Student Development Services.

