Student Association Charter/Recognition Form

Name of Organization: _____ Founded: _____
Organization Mailing Address: _____ Office Hours_____
Meeting Room: _____ Day: _____ Time: _____
Advisor: _____ Phone: _____Address:_____ Email:_____
Advisor: _____ Phone: _____Address:_____ Email:_____
Statement of Purpose:

_____-_____
Signature and printed name of person who will be allowed to request funds on the behalf of this organization.
Phone # _____ Address: _____Email Address_____

_____-_____
Council of Organization Representative and Phone **Alternate Council of Organization Representative and Phone**
Email Address: _____ **Email Address: _____**

Club/Organization Officers

Name	Address	Phone	Position

Organization members and/or supporters of the above statement of purpose. Please indicate with an X if we may release your contact information to potential members and/or media.

Name	Address	Phone	Position	Release allowed

1
Student Association Presidents Signature of Approval and Ratification **Date**
2
Chair of the Council of Organizations Signature of Approval and Ratification **Date**
3
SA Disbursing Agents Signature of Acknowledgement **Date**
4
Advisor of the Student Association's Signature of Approval and Ratification **Date**

After a vote of recognition has occurred the following signatures are needed in the above order.