

CLUB CHARTERING APPLICATION

Name of Club: _____ Date: _____

Statement of Purpose: (How can your club make a difference at Snow College and in the community? How will your club benefit Snow College students? Please be as detailed as possible).

Advisors Name: _____ Campus Extension: _____ Phone: _____

Presidents Name : _____ E-mail Address: _____

*Club President **MUST** be a full-time student Phone: _____

Club Members: (First five members)

*All club members **MUST** be Snow College students (with 6 credits or more)

Member Name:	Badger ID #:	Position/Title:	Local Phone & Email:

Meeting Schedule: _____

(Day of week)
(Time)
(Location)

**It is expected that you will hold regular club meetings and to provide activities for all club members.*

Club Dues Per Member: _____ (optional)
(Not to exceed \$10 per member per semester)

 Club President

 Club Advisor

CLUB APPROVAL WILL BE DETERMINED AND YOU WILL BE NOTIFIED VIA E-MAIL

FOR OFFICE USE ONLY

 Director of Student Life

- CLUB APPROVED
- ALL FORMS SUBMITTED
- CLUB NOTIFIED

CLUB ACCOUNT #

NOT APPROVED

**** All applications MUST be turned in within 45 days from the start of each semester. If the application is turned in after the 45 days it will be declined.***