



# CLUB CHARTERING APPLICATION

All applications **MUST** be turned in within 30 days from the start of each semester.  
If the application is turned in after the 30 days, it will be declined until the following semester.

NAME OF CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

Statement of Purpose: (What is the purpose or mission of your club? How will your club benefit Snow College students? How will you enhance the campus experience for Snow students? Please be as detailed as possible).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Campus Extension: \_\_\_\_\_  
E-mail: \_\_\_\_\_

President's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Club President **MUST** be a full-time student (12 credits) E-mail Address: \_\_\_\_\_

### Club Members: (First five members)

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

Member Name:	Badger ID #:	Phone #:	Position/Title:	Confirmed in this position? Y/N	2.5 GPA if in leadership role Y/N
			President		
			Vice President		
			Treasurer (or equivalent)		
			Secretary (or equivalent)		
			Member		

**This charter may be submitted without leadership positions, so long as accurate information is submitted within 30 days of the beginning of the semester. Please indicate "N" if the members will not be fulfilling a leadership role and "Y" if they are.**

### Meeting Schedule: (if known)

\_\_\_\_\_  
(Day of week) (Time) (Location)

CLUB DUES: \$\_\_\_\_\_ (If applicable)

\_\_\_\_\_  
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

NOT APPROVED

CLUB APPROVED

ADVISOR AGREEMENT SUBMITTED

CLUB NOTIFIED

CLUB ACCOUNT #  
\_\_\_\_\_