Clover Park Technical College
Associated Student Government

Student Club and Organizations Sanction Packet

The following documents must be completed and returned to Student Programs prior to orientation.

1. Club and Organizations Sanction Form
2. Advisors and Member
3. Club/Organization Advisor Acknowledgement
4. Memo of Acknowledgement and Understanding
Club and Organizations Sanction Form

Name Of Club/Organization:__________________________________________________________

Indicate regular meeting time(s) and location(s) ______________________________________

Attach a copy of the organization’s constitution and bylaws as well as a detailed mission statement explaining how your organization supports the mission of Clover Park Technical College, including a list of possible activities. (Please include in the bylaws: Qualifications for each officer; Selection of officers shall be; Provisions for removal of any officers; Vacancies shall be filled by; Special meetings may be called by.)

Please list the officers for the club in this box.

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Advisors and Members
Please list the club/organization advisor
*This person must be either a full time faculty or a staff member

Advisor's Name

Phone

Charter Members (You must have at least 10 members who are not officers)

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Attach additional page for more names
Club/Organization Advisor Acknowledgement

I accept the duties for __________________________ as follows:

Name of Club/Organization

Please read and initial the following statements.

_______ Advise only one Club or Organization at a time and must be a non-student full-time college employee.

_______ Be aware of the expectations set forth in the Code of Student Rights and Responsibilities and College Vehicle Procedures, especially in regard to use of alcohol and narcotic substances at college sponsored events. See the “Student Conduct” section in the ASTCC club handbook.

_______ Be a resource person for the Club/Organization. Help as a liaison with other campus offices and staff and the student programs office.

_______ Understand the nature, objectives and purpose of the club.

_______ Encourage teamwork within the group, and provide guidance in decision-making, trust building and goal accomplishment.

_______ Sign all Budget Requests, requests for fund expenditures, and Student Travel Authorizations. Oversee accurate record keeping for all club business.

_______ Attend all Club or Organization trips or make arrangements for a non-student employee to attend if you are unable to participate.

_______ Promote opportunities or student development both within the club and throughout the members academic experience. Promote a club environment that is free of harassment and decimation.

_______ Accompany members on all club-related outings, practices, events and activities. If unable to attend will designate a substitute CPTC staff member to act as the club advisor and represent CPTC and act on behalf of the College in the event of an emergency, accident, injury or disciplinary situation.

_________________________  __________________
Advisor’s Name                                                        Date

_________________________  __________________
Phone Number                                                        Email & Office Location

_________________________  __________________
Signature                                                            Date
Memo of Acknowledgement and Understanding

Club/Organization: ________________________________

- We understand that our club/organization must attend at least one ASG Student Council meeting per month.

- If we fail to have a representative present at two consecutive Council meetings, the Club or Organization will have all funding automatically frozen until the President of the Club or Organization and officers meet with ASG Officers and the Student Programs Coordinator to discuss unfreezing of funds.

- We have read and understood the content of the ASG club/organization handbook and hereby agree to all elements previously stated regarding the regulations.

Student Signature ________________________________ Date: ________________
Print name __________________ Office: ________________

Student Signature ________________________________ Date: ________________
Print name __________________ Office: ________________

Student Signature ________________________________ Date: ________________
Print name __________________ Office: ________________

Advisor’s Signature: __________________ Date: ________________
Print name: __________________ Office: ________________