

Please fill out this form and return to the FSU Main Office, along with a list of club members (including their name, student number, email address and phone number).

Name of Club: _____
(Please spell out short forms)

Type of Club: *(Refer to the Club Policy, Section 1.1.2, for definitions of these club types)*

- | | | | |
|-----------------------|------------------------|--------------------------|-------------------|
| Common Interest Group | Program Association | Cultural/Religious Group | Community Service |
| Campus Chapter Group | Other (please explain) | | |

Describe the goal of the club: _____

Please provide some examples of club activities: _____

To form a club, there must be a President and Vice President. Additionally, two Signing Officers are required for clubs with funding. **Only one of these signing officers can be the President or Vice President.**

President's Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Vice President's Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Signing Officers:

Signing Officer 1: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Signing Officer 2: _____ Student Number: _____

Email Address: _____ Phone Number: _____

If the club has other leadership positions (example: Secretary, Treasurer, etc.) please make note of these individuals below. These positions are OPTIONAL.

Name of Position: _____

Person's Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Name of Position: _____

Person's Name: _____ Student Number: _____

Email Address: _____ Phone Number: _____

Include additional Information for the **www.fsu.ca/clubs** online listing here. This may also be added to the charter after the club is ratified. Club logos must be sent via email if you would like them included in your listing (pending approval). These images must be PDF or high-resolution PNG:

Club Email Address: _____

Club Facebook Page/Group: _____

Include any other online/social media information here: _____

If the club is a Program Association or has a Faculty/Staff Advisor, fill below:

Name of Department/Academic School: _____

Contact Name: _____ Phone Extension: _____

Email Address: _____

If the club is an on-campus chapter or partnered/affiliated with any professional association/business, fill below and attach a copy of the organization's Certificate of Liability Insurance:

Name of Organization: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Charter Submitted By _____

Name: _____ Signature: _____

For Office Use Only: _____

Submitted To: _____ Date: _____

Student Numbers Checked By: _____

Date of Approval: _____ Meeting #: _____

FSU Signature: _____