



## Application for Club Charter/ReCharter

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Was this club chartered by SGA in the previous Academic Year?    \_\_\_ Yes    \_\_\_ No

Name of Advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of Club:

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

President: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Will your club need more than a \$500 budget?    \_\_\_ Yes    \_\_\_ No

*If yes, please attend a meeting with the Budget Allocation Committee*

\_\_\_\_\_  
Advisor's Initials

\_\_\_\_\_  
Date

Student Government Use:

Approved on: \_\_\_\_\_    \_\_\_ For    \_\_\_ Against    \_\_\_ Abstain

Signature: \_\_\_\_\_

SGA President

\_\_\_\_\_

Vice President of Operations



Members:\* (Print)

Members Signature :

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\*Club must have at least five members to be recognized by SGA

\*Signatures not required for recharter process

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_