



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, how much? _____

*pending approval by the Budget Allocation Committee

Advisor's Initials

Date

Student Government Use:

Approved on: _____ ___ For ___ Against ___ Abstain

Signature: _____
SGA President

Vice President of Operations



HILBERT COLLEGE

Student Government Association

Members:* (Print)

Members Signature :

*Club must have at least five members to be recognized by SGA
*Signatures not required for recharter process

Advisor Signature: _____

Date: _____