

FROST STUDENT ASSOCIATION CLUB KIT

Rev C 11-09-18 1



EXECUTIVE MEMBERS

NAME:	
STUDENT ID:	
CLUB TITLE:	
Address:	
_	
PHONE:	
EMAIL:	
SIGNATURE:	
Nanas.	
NAME:	
STUDENT ID:	
CLUB TITLE:	
Address:	
- Dugues	
PHONE:	
EMAIL:	
SIGNATURE:	
FACULTY ADVIS	SOR
TACOLII ADVIO	
NAME:	
DEPARTMENT:	
PHONE:	
EXTENSION:	
EMAIL:	
SIGNATURE:	
DATE:	
_	



APPENDIX A

As you can see by the following example, the club report is a simple report that allows the Frost Student Association to know how active your club is. Remember, club reports need to be submitted to the Director of Student Life at the end of each semester.

CLUB NAME:	
TOTAL NUMBER OF MEMBERS:	(attach updated member list)
TOTAL NUMBER OF MEETINGS:	
TOTAL EXPENSES:	(if applicable)
TOTAL BUDGET:	(if applicable)
ATTAINED FROM:	
MEMBERSHIP FEES:	
Fundraising:	
TOTAL NUMBER OF EVENTS:	
OTHER:	
	
TYPES OF EVENTS:	
GOALS FOR NEXT SEMESTER/YEAR(S):	
COMMENTS/IDEAS/SUGGESTIONS:	



APPENDIX B

REQUEST FOR PAYMENT FORM

You may also submit a funding request form to see if the Frost Student Association is able to help out with the club. THIS DOES NOT A GUARANTEE A SUM OF MONEY. THERE IS NO BUDGET SET ASIDE FOR ANY CLUB. THE MOST THAT ANY CLUB CAN REQUEST IS \$50.00. THIS WILL BE VOTED ON BY THE FROST STUDENT ASSOCIATION BOARD OF DIRECTORS AT THEIR NEXT SCHEDULED BOARD MEETING. A copy of this form is on the following page.

Receipts <u>must</u> be attached and can only be submitted within two weeks of the event.

- 1) Original receipts
- 2) Completed Request for Payment Form
- 3) Completed Club Report

THERE WILL BE NO EXCEPTIONS!



REQUEST FOR PAYMENT FORM

(ALL REQUESTS ARE VOTED ON WITHIN ONE WEEK OF SUBMISSION)

INTERNAL				[CL	UB				DONATION
DATE:		REC	QUESTOR	:						
GROUP NAME	:				•					
AMOUNT REQ							Cash			Снедие
IS THIS A REIMBURSEME	:NT?	YES	No							
USE OF FUNDI	NG:									
RECEIPT ATTA (IF APPLICABLE)	CHED:	YES	No	İF	NO, GIV	/E EXPLAN	ATION FOR	R ITEMS F	PURCH	ASED.
	•									
IF INTERNAL PI	ROVIDE A BRE	AKDOV	VN OF EX	PENS	SES:					
Is this:	A CLUB EVEN	т?			FSA	EVENT?		(OTHER	:
IF OTHER, PRO	VIDE EVENT IN	NFORM	IATION.		1					,
ADDITIONAL										
INFORMATION	:									
SIGNATURE:										
OFFICE USE O	NLY									
APPROVED								DATE:		
Rv.								DAIL.		



APPENDIX C

GENERAL INFORMATION

The following information, along with your assigned phone number will be released in the form of a club list. Please ensure that it is suitable for publication.

CLUB/ORGANIZATION NAME:	
ACRONYM (IF APPLICABLE):	
CONTACT EMAIL:	
PHONE NUMBER:	



APPENDIX D

CLUB PROPOSAL FORM

Please complete the following forms and submit to the Director of Student Life or Support Manager at the Frost Student Association office located above the Auk's Lodge.

*Applications are accepted on a first come first served basis.

This proposal is meant to allow the Frost Student Association to better understand your reason for starting a club and your expectations and goals for the year.

CLUB NAME:			
CLUB MANDATE/OBJECTIV	E (let us know how or why yo	ou came up with	n the idea of this club and its purpose):
GOALS AND ASPIRATIONS O	OF CLUB (outline what you wa	ant to accomplis	sh by having this club):
BRIEFLY EXPLAIN HOW YOU students):	R CLUB WILL BENEFIT STUDEN	NT LIFE (list a nu	umber of ideas that you think will benefit
PROMOTIONAL PARAGRAPH	H (to be used on the FSA web	site)	
FOR OFFICE USE ONLY:			
DATE APPLICATION RECEIVED		RECEIVED BY	
APPROVAL GRANTED ON		INITIALS	



MEMBERSHIP

- In order to be official, the club must have a prospective or existing membership of no less than seven (7) Fleming College students, including Executive Members
- If you have additional members, please add an additional page
- > This application will not be processed if names and student ID numbers are missing or illegible
- Member's names will be kept confidential by the Frost Student Association at the request of the applying club
- A club me be recognized as a club with less than the seven (7) required members, however no financial funding will be received from the Frost Student Association until the membership list has been resubmitted with the minimum requirements.

	NAME (PRINT CLEARLY)	STUDENT ID	Signature	DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Additional member sheet attached:	Yes		No	
Total number of members:				
Clubs may charge a reasonable and justified men semester.	nbership fee of	no more than \$2	20.00 per studer	nt per
Will your club be charging a membership fee?	Yes		No	
How much per semester?				



CLUB AGREEMENT

The	, being	a sanctio	ned clu	ıb unde	r the F	ros
Student Association, has read, understands and agrees to for requirements.	llow th	e Frost Si	tudent	Associa	ation	cluk
This club agrees and understands that should they violate applicate Club Kit, the Frost Student Association Constitution/By-Law and Code of Conduct, they may be subject to internal dissolution support).	policies	s, the Flen	ning Co	ollege po	olicies	and
This club is also aware and agrees that the club will be termed "di vote of the Frost Student Association Executive Committee.	ssolved	l" as a resu	ılt of tv	vo-third	ls majo	ority
Unless caused by the actions or inaction of Frost Student Ass responsible, release, hold harmless and indemnify Frost Student claims, suits or other demands and against all costs, damages, e or sustained by Frost Student Association and whether such actipremises.	Associa xpense	ntion from s or losses	and ag which	gainst ar n may b	ny acti e incu	ions rrec
We,unauthorized debts incurred by the club.	(club	name),	are	liable	for	al
We agree not to enter into any contractual relationship with any club.	yone wi	ith respec	t to the	e aforen	nentio	nec
President	Date					
Vice-President	Date					
Director of Student Life	Date					



	FOR FROST STUDENT A	ASSOCIATION OFFICE USE ONLY	
Club Name:			
Date of Club	Inception:		
September –	December (Fall Semester) – 2	Meetings Required	
DATE	MEETING POSTER SUBMITTED (# OF COPIES REQUESTED)	DATE, TIME AND LOCATION OF MEETING	INITIALS
January – Ap	ril (Winter Semester) – 2 Meet	tings Required	
DATE	MEETING POSTER SUBMITTED (# OF COPIES REQUESTED)	DATE, TIME AND LOCATION OF MEETING	INITIALS
Receipts Sub	mitted		
DATE	TOTAL	SIGNATURE	
Report Subm	iitted		
DATE	SIGNATURE		