

Club Check off Fall 2019

Before turning your club Packet please use the check off list below to make sure that you have all of the required items. If you are a returning club you do not need to fill out a new constitution. Please make sure that you submit this to the SGA VP by 5pm September 13th. If you have any questions please contact Dallin Sobers at nmt.sga.vp@gmail.com.

Club Name: _____

- Attend Club Meeting
- Charter Form
 - Advisor
 - 3 Executive Students
- 15 members
- Inventory
- Budgetary Cover Letter
- Budget Form
- Constitution

Please note that if this packet is turned in late, is unreadable, or is damaged it will not be accepted.

SGANMIMT Club Charter Form

Please note: CS Box and email information are required and will be made available on the SGA web page. **Home phone numbers will be placed on the SGA website unless the “withhold” box is checked, which indicates that you do not want your home phone number made public (for SGA records only).** Work phone numbers will be kept only for SGA Government records and will *never* be made public.

General Club Information		
Club Name:	Term/Year:	
Club Email:	Club Website:	
Advisor (required)		
Name and Title:	Email:	
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Signature:	Department:	
Executive Officer (required)		
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Financial Officer (required)		
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Other Officer (required)		
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Other Officers (optional)		
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Title:	Name:	Email:
Home Phone:	Work Phone:	<input type="checkbox"/> Withhold home phone #
Box #:	Signature:	
Club Status (please check either SGA or Associate)		

SGA Club

Associate Club

New Club

Club _____ Date _____

Page _____ of _____

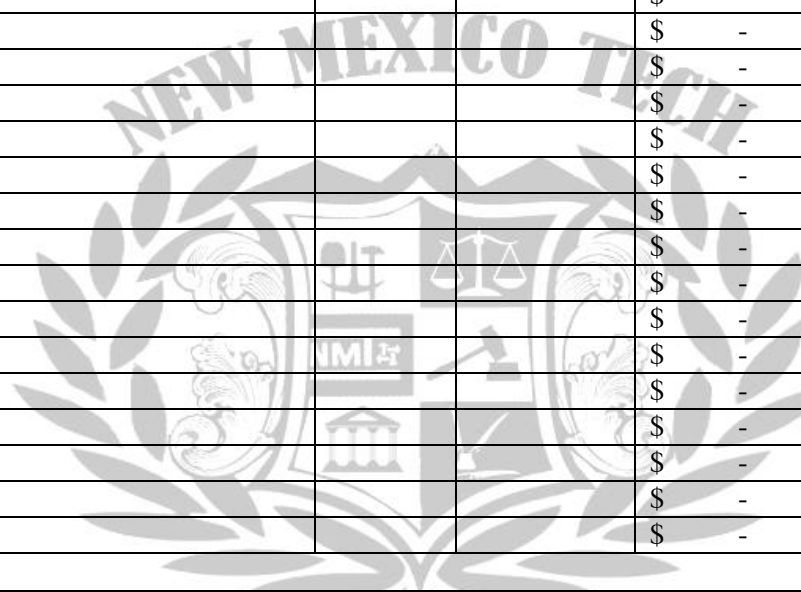
SGANMIMT Club Roster Form

Signing this form indicates that you are a member of this club and you would like to be on this club's mailing list.

Name (please print)	Email	CS Box	Grad/Undergrad	Signature (required)
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SGANMIMT Club Budget Form

Club Name		Term		Official Use Only	
Items (highest to lowest priority)	Quantity	Price Each	Total	Approved \$	Note
General Item List (include op. costs, food, etc.)			\$ -		
			\$ -		
			\$ -		
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General Operating Costs Detail (TCC printing, etc.)		Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

Summary of Fund Allocations			Total Valid Endorsements
Budget Total (from above)	\$	\$	
Less Amount to be Reallocated from Previous Term	\$	\$	
Grand Total	\$	\$	Total new \$\$ Allocated

