



Student Organizations **CHARTER APPLICATION**

Please read through the Student Organization Handbook for complete details on the chartering process. Complete each section. The form must be typed, printed, signed by the organization president and turned into DIGS 269.

ORGANIZATION REPRESENTATIVE CONTACT INFORMATION -- (designee filling out form)

Name _____ Phone _____

CHARTERING INFORMATION

Semester & Year of Chartering _____

ORGANIZATION INFORMATION

Full Organization Name _____ Nickname/Common Name _____

Organization Purpose (50 words max) _____

Membership Criteria _____

Major Events _____

Meeting Day/Time/Location _____

Local, State, National Affiliation & Website _____

FUNDING INFORMATION

Dues--Amount & Use _____

Plan to Request Student Allocated Funds? (yes/no) _____

Other Financial Information _____

OFFICIAL CONTACT INFORMATION

Official Mailing Address _____

Official E-mail Address--must not be a non-personal Winthrop account _____

Official Website _____

Organization Description (50 words max) _____



Student Organizations CHARTER APPLICATION

CHARTER MEMBER INFORMATION

President _____ **Phone** _____

Local Address _____

Classification _____ **E-Mail** _____

Vice-President _____ **Phone** _____

Local Address _____

Classification _____ **E-Mail** _____

Treasurer _____ **Phone** _____

Local Address _____

Classification _____ **E-Mail** _____

Please attach a roster with a minimum of ten (10) Charter Members, including the officers. This list should be typed with name, local addresses, phone number and signature for each member.

ADDITIONAL REQUIREMENTS NEED TO BE ATTACHED

CONSTITUTION & BYLAWS: Samples are available on the Student Organizations website.

EXTRAS: Please attach any additional information to help with chartering, including promotional materials and affiliate organization information.

SIGNATURES & APPROVAL

President Signature _____

Program Director for Intramurals & Club Sports (if applicable) _____

Assistant Director for Student Activities and Leadership _____

Council of Student Leaders Signature _____

(Office Use Only)

Date Received _____

Approval Date _____

Posted ___/___/___ Copy _____

Organization Type _____

Student Organizations
ROSTER FORM



All Roster Forms should accompany your Charter Application. Use multiple sheets if necessary. Please list all member names, addresses, phone numbers and emails. Each person must sign by their name.

FULL NAME: _____
ADDRESS: _____

SIGNATURE: _____
PHONE NUMBER: _____
WINTHROP E-MAIL: _____

FULL NAME: _____
ADDRESS: _____

SIGNATURE: _____
PHONE NUMBER: _____
WINTHROP E-MAIL: _____

FULL NAME: _____
ADDRESS: _____

SIGNATURE: _____
PHONE NUMBER: _____
WINTHROP E-MAIL: _____

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ADDRESS: _____

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SIGNATURE: _____
PHONE NUMBER: _____
WINTHROP E-MAIL: _____

FULL NAME: _____
ADDRESS: _____

SIGNATURE: _____
PHONE NUMBER: _____
WINTHROP E-MAIL: _____



(Office Use Only)

Received By & Date _____

Approved By & Date _____

Posted ___/___/___ Copy _____

Student Organizations
FACULTY/STAFF ADVISOR AGREEMENT

Faculty/Staff advisors are volunteers who give their time to the betterment of student life by helping clubs & organizations. Faculty/Staff advisors must be at least a part-time employee of Winthrop University and must be willing to enrich students with their assistance in co-curricular experiences. Student organizations are given the right to select their own advisors.

Your Responsibility as a Faculty/Staff Advisor

1. Be familiar with University and student organizations policies that will affect the organization. Obtain a copy of the Student Organizations Handbook. Keep organization informed of changes or revisions.
2. Ensure that the correct representative attend the mandatory student organizations training meeting held each semester by the Office for Student Organizations.
3. Maintain contact with the organization and provide general support and leadership.
4. Serve as a liaison between the organization, faculty, staff, administration, and the Office for Student and Organizations.
5. Participate and guide the organization in designing meaningful programs that are consistent with the organizations purpose and goals.
6. Determine the roles and expectations between the advisor and the organization.

The Office of Student Activities would like to thank you for donating your valuable time to clubs & organizations at Winthrop. It is this commitment to integration of academic and interpersonal development that makes the students so successful.

This form **MUST** be typed, printed, signed and turned into 269 DiGiorgio Campus Center

Name of Organization _____

Advisor's Name _____ Phone Number _____

Department _____ Advisor's Email: _____

 Faculty/Staff Advisor's Signature Date

 Organization President Signature Date