



Alumni Association

Chapter and Club Annual Renewal Packet

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Annual Renewal Packet Timeline and Checklist

The Annual Renewal Packet must be completed in full and submitted to the FSAA by no later than mid-April every year. In May, the FSAA Board of Directors votes to approve and recognize each Chapter and Club on an annual basis.

Please see the *Chapter and Club Policies and Resource Guide* for additional guidance.

HOW TO COMPLETE THIS PACKET

1. This PDF is interactive, enabling you to type/enter in much of the required information.
2. Signed copies: The packet should be completed in its entirety first, typing in all of the required information. Once that information is completed, print the packet and provide to each individual so they sign where required. This is best accomplished during one of your Executive Committee meetings, when all officers and board members are present.
3. Once completed, the document may be scanned and emailed to the Director of Engagement (Matthew Schulz; mschulz@csufresno.edu). The completed packet may also be mailed or delivered in person (see address on coverpage).

TIMELINE

	Activity	Complete by
1.	Renew/Elect new officers and or board members.	Mid-April
2.	Obtain all necessary original signatures.	Mid-April
3.	Submit to the FSAA for initial review.	Mid-April
4.	FSAA Engagement Committee – Reviews/Approves all completed packets.	Early May
5.	FSAA Board of Directors – Votes to approve and renew Chapters and Clubs for the upcoming fiscal year.	Mid May

CHECKLIST

	Document	Completed
1.	Declaration and Indemnification Policy Agreement and Officer Renewal	<input type="checkbox"/>
2.	Authorized Account Signers	<input type="checkbox"/>
3.	Annual Officers Meetings and Planned Events	<input type="checkbox"/>
4.	Chapter or Club Campus Acknowledgement	<input type="checkbox"/>

Declaration and Indemnification Policy Agreement and Officer Renewal

Chapter/Club Name: _____

Date Prepared: _____

DECLARATION:

As the officers of the above referenced constituency alumni group (Organization), we, the undersigned, understand and agree to abide by the following:

1. The Organization agrees to conduct itself in a manner consistent with the goals, objectives, and standards of the Fresno State Alumni Association (FSAA) and California State University, Fresno (Fresno State).
2. The Organization does not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, Veterans' status, disability or political affiliation.
3. The Organization will abide by the policies and procedures set forth by the FSAA and Fresno State.
4. The Organization recognizes that the pronouncements can be made only in the name of the Organization, rather than in the name of the FSAA and/or Fresno State.
5. The Organization recognizes that the FSAA and Fresno State are not responsible for financial commitments and obligations of the organization.

INDEMNIFICATION STATEMENT:

The Organization hereby agrees to indemnify, defend and hold harmless the FSAA; Fresno State; California State University, Fresno Foundation; The Trustees of the California State University; and all employees or agents of the foregoing from any damages incurred during an Organization event.

SECRETARY

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TREASURER

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

CAMPUS LIAISON *(note: this position must be filled by a Fresno State faculty or staff member)*

Name: _____

Department: _____ Title: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

BOARD MEMBERS

Instructions:

1. If your organization has a formally designed board, use the following pages to list their titles and provide all of their information.
2. If you do not have any board members, select the box below and skip to the next section.
3. Term limits apply to board members as well.

Our Organization does not have a board.

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

TITLE: _____

Name: _____

Affiliation: Alum grad Alum non-grad Friend Class year: _____

Term: 1st 2nd 3rd Year in current term: 1st 2nd

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Email: _____

Authorized Account Signers

Chapter/Club Name: _____

Date Prepared: _____

Effective Date: New signers are effective as of the new fiscal year, July 1.

Incoming Chapter President: _____

Instructions:

1. A *minimum* of three (3) account holder/signers is required.
2. All individuals possessing account holder/signer privileges must complete the fields below.
3. An account holder/signer does *not* have to be an officer of the Chapter or Club.

AUTHORIZED SIGNER #1 (*Must be the Treasurer*)

Date: _____

Print name: _____

Signed: _____

AUTHORIZED SIGNER #2

Date: _____

Print name: _____

Signed: _____

If individual is not an officer, the information below must be completed:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Work

Email: _____

AUTHORIZED SIGNER #3

Date: _____

Print name: _____

Signed: _____

If individual is not an officer, the information below must be completed:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Work

Email: _____

AUTHORIZED SIGNER #4

Date: _____

Print name: _____

Signed: _____

If individual is not an officer, the information below must be completed:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Work

Email: _____

Annual Officer Meetings and Planned Events

Chapter/Club Name: _____

As all Chapters/Clubs are provided liability insurance coverage under the FSAA’s insurance policy, and so that the FSAA can provide logistical and marketing/promotional assistance for the events planned by your Chapter/Club, please complete the two sections below and return to the FSAA.

SECTION 1: Officer/Board Meetings

Chapters/Clubs should hold a minimum of four meetings per year. Below please indicate the dates/times/locations you are currently anticipating holding your officer/board meetings.

Date	Time	Location

SECTION 2: Events/Activities Planned

EVENT #1

Date: _____ Time: _____ # of Guests (estimate): _____

Event name: _____ Alcohol present? Yes No

Location: _____ Fee to attend? Yes No

Description: _____ If yes to fee, amount: \$_____

- Event type: Social/Mixer – Alumni/Friends only Fundraiser – General
(check all that apply) Social/Mixer – Alumni/Friends & students Fundraiser – Scholarship endowment
 Educational event Other: _____

Do you plan on including a *silent auction* at your event? Yes No

Do you plan on including a *raffle (opportunity drawing prize)* at your event? Yes No

Budget: Expected Income: \$_____

Expected Expenses: \$_____

Expected Net profit: \$_____

EVENT #2

Date: _____ Time: _____ # of Guests (estimate): _____

Event name: _____ Alcohol present? Yes NoLocation: _____ Fee to attend? Yes NoDescription: _____ If yes to fee, amount: \$ _____

_____Event type: Social/Mixer – Alumni/Friends only Fundraiser – General
(check all that apply) Social/Mixer – Alumni/Friends & students Fundraiser – Scholarship endowment
 Educational event Other: _____Do you plan on including a *silent auction* at your event? Yes NoDo you plan on including a *raffle (opportunity drawing prize)* at your event? Yes No

Budget: Expected Income: \$ _____

Expected Expenses: \$ _____

Expected Net profit: \$ _____

EVENT #3

Date: _____ Time: _____ # of Guests (estimate): _____

Event name: _____ Alcohol present? Yes NoLocation: _____ Fee to attend? Yes NoDescription: _____ If yes to fee, amount: \$ _____

_____Event type: Social/Mixer – Alumni/Friends only Fundraiser – General
(check all that apply) Social/Mixer – Alumni/Friends & students Fundraiser – Scholarship endowment
 Educational event Other: _____Do you plan on including a *silent auction* at your event? Yes NoDo you plan on including a *raffle (opportunity drawing prize)* at your event? Yes No

Budget: Expected Income: \$ _____

Expected Expenses: \$ _____

Expected Net profit: \$ _____

Campus Acknowledgement of Chapter or Club

Instructions:

1. In order for the FSAA Board of Directors to officially recognize the Organization for the upcoming fiscal year, this *Statement of Acknowledgement* form must be signed by a campus representative.
2. By signing, the campus representative is acknowledging that the Organization represents an alumni constituency group that the campus representative is involved with on campus.
3. For Chapters: This form must be signed by the Dean, Associate Dean, or their designee, of the college under which the Chapter's major is issued.
4. For Clubs: This form must be signed by a relevant and appropriate Fresno State faculty or staff member who is actively involved with the constituency group the alumni club represents.

Chapter/Club Name: _____

Date Prepared: _____

The efforts of this Fresno State Alumni Association constituency group are officially recognized, as they seek to further the interests of California State University, Fresno.

Print name: _____

Title: _____

College/School: _____

Department: _____

Signature: _____

Date: _____