

Chapter and Club Declaration and Indemnification Policy

Chapter or Club Name: _____

DECLARATION:

As representatives of the organization, we, the undersigned, understand:

1. Application does not imply official recognition, nor approval as a Chapter, Club or Network (CCN) by the Fresno State Alumni Association (FSAA) and California State University, Fresno. Until the CCN is notified of official recognition or approval, the privileges are not available to the organization.
2. The CCN agrees to conduct itself in a manner consistent with the goals, objectives, and standards of the FSAA and California State University, Fresno.
3. The CCN will abide by the policies and procedures set forth in the Chapter, Club & Network Resource Guide.
4. The CCN recognizes that the pronouncements can be made only in the name of the CCN, rather than in the name of the FSAA and/or California State University, Fresno.
5. The CCN that the FSAA and California State University, Fresno are not responsible for financial commitments and obligations of the CCN.
6. The CCN does not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, Veterans' status, disability or political affiliation.

INDEMNIFICATION POLICY:

The CCN hereby agrees to indemnify, defend and hold harmless the FSAA; California State University, Fresno; 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.

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We, the officers of the CCN, have received and have reviewed the FSAA Chapter, Club & Network Resource Guide. We hereby attest, in the name of the CCN, that is governing body, now and in the future, accepts responsibility for complying with these and other pertinent policies and procedures of FSAA and California State University, Fresno.

PRESIDENT

Name* (print): _____ Class year: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone 1*: _____ Cell Home Work
Phone 2: _____ Cell Home Work
Email*: _____
Signature: _____ Date: _____

VICE PRESIDENT

Name* (print): _____ Class year: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone 1*: _____ Cell Home Work
Phone 2: _____ Cell Home Work
Email*: _____
Signature: _____ Date: _____

SECRETARY

Name* (print): _____ Class year: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone 1*: _____ Cell Home Work
Phone 2: _____ Cell Home Work
Email*: _____
Signature: _____ Date: _____

TREASURER

Name* (print): _____ Class year: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone 1*: _____ Cell Home Work
Phone 2: _____ Cell Home Work
Email*: _____
Signature: _____ Date: _____

**Information that will be published on the Fresno State Alumni Association website, in the Chapters, Clubs and Networks section.*

ACCEPTED:

FSAA Board of Directors

President: _____
Signature: _____ Date: _____

Fresno State Alumni Association

Executive Director: _____
Signature: _____ Date: _____