

Chapter and Club Declaration and Indemnification Policy

Chapter or Club Name: _____

DECLARATION:

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

1. Application does neither implies official recognition, nor approval as a Chapter, Club or Network by the Fresno State Alumni Association (FSAA) and California State University, Fresno until the organization is notified of official recognition or approval, the privileges are not available to the organization.
2. The organization agrees to conduct itself in a manner consistent with the goals, objectives, and standards of the FSAA and California State University, Fresno.
3. The organization will abide by the policies and procedures set forth in the Chapter, Club & Network Handbook.
4. The organization recognized the pronouncements can be made only in the name of individuals, rather than in the name of the FSAA and California State University, Fresno.
5. The organization agrees that the FSAA and California State University, Fresno are not responsible for financial commitments and obligations of the organization.
6. The organization 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 organization 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 organization, have received and have reviewed the FSAA Chapter, Club & Network Handbook. We hereby attest, in the name of the organization, 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: _____ Class year: _____
Address: _____ City: _____ State: ____ Zip: _____
Phone 1: _____ Cell Home Work
Phone 2: _____ Cell Home Work
Email: _____
Signature: _____ Date: _____

VICE PRESIDENT

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

SECRETARY

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

TREASURER

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

ACCEPTED:

FSAA Board of Directors

President: _____
Signature: _____ Date: _____

Fresno State Alumni Association

Executive Director: _____
Signature: _____ Date: _____