



Alumni Association

Application to Create a New Alumni and Friends Chapter or Club

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Application Process and Checklist

PROCESS

Please submit this completed application to the appropriate FSAA staff member. As per the *Chapter/Club Policy and Resource Guide*, the following process is followed in establishing any new alumni and friends chapter or club.

Please feel free to schedule meetings, phone calls, etc., to ask any questions you may have about this process.

1. Once the application is completed, submit to the appropriate FSAA staff member and schedule a meeting to review the information. All leadership of the proposed new chapter or club must participate in the meeting(s) with FSAA staff.
 - a. Other individuals who wish to support the chapter/club, but who are not part of the leadership team, may also join the meetings.
2. The purpose of the meetings is to:
 - a. Review the application to ensure all information has been completed fully and accurately.
 - b. Enable FSAA staff to fully educate and inform individuals of the purpose of chapters/clubs, and ensure alignment with the strategic plan and goals of the FSAA.
 - c. Answer any and all questions individuals may have about the FSAA, its policies and procedures, operational questions about chapters/clubs, best practices, start-up strategies, etc.
3. Approval process
 - a. Once the FSAA staff member has reviewed and approved the “New Chapter or Club” application and “Annual Renewal Packet”, they will submit to the Engagement Committee (a sub-committee of the FSAA’s Board of Directors).
 - b. The Engagement Committee will review and recommend for approval by the Executive Committee.
 - c. Upon approval by the Executive Committee, the proposal will be approved by the entire FSAA Board of Directors at the next Board of Directors meeting. These meetings are held on a quarterly basis.
4. After the chapter/club is approved:
 - a. Chapter/Club leadership will be notified.
 - b. The FSAA will create an account for any financial holdings.
 - c. An official chapter/club logo will be created and provided to the designated leadership.
 - d. A meeting will be scheduled between relevant FSAA staff and the leadership to go over any additional/final details.
 - e. The new chapter/club will be announced at the next soonest FSAA Chapter/Club Leadership meeting (held three times each year).

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

HOW TO COMPLETE THIS APPLICATION

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 Nicole Traverso, Event Management and Volunteer Coordinator (nicolettraverso@mail.fresnostate.edu). The completed packet may also be mailed or delivered in person (see address on coverpage).

CHECKLIST

	Document	Completed
1.	Proposed Chapter or Club name	<input type="checkbox"/>
2.	Chapter/Club Purpose and Activities	<input type="checkbox"/>
3.	Declaration and Indemnification Policy Agreement and Officer Renewal	<input type="checkbox"/>
4.	Authorized Account Signers	<input type="checkbox"/>
5.	Annual Officers Meetings and Planned Events	<input type="checkbox"/>
6.	Chapter or Club Campus Acknowledgement	<input type="checkbox"/>
7.	List of Interested Participants	<input type="checkbox"/>

Proposed Chapter or Club Name

Instructions:

- 1. Please indicate below the proposed name of your chapter or club.
- 2. Reminder:
 - a. Chapters are academically-based, something you can obtain a degree in.
 - b. Clubs are non-academically-based, some other “tie that binds” (example: Hmong Alumni Club, Band Club, etc.)
- 3. Please see the *Chapter/Club Policy and Resource Guide* for additional guidance.

Date Prepared: _____

Proposed Chapter/Club name: _____

Chapter/Club Purpose and Activities

Please answer the questions below. Submit on a separate sheet of paper (typed, not handwritten).

1. What is the purpose of your chapter or club? What would you like to accomplish?
2. How will your activities create or support meaningful engagement for alumni and friends of Fresno State and support current students? Stated differently, how does your proposed alumni chapter/club connect back to Fresno State?
3. What kinds of activities do you plan on doing each year? Please list all activities you would like to engage in. Below is a list of common/suggested items many other chapters/clubs perform. It is suggestive, but not comprehensive. If there are other kinds of activities please indicate.
 - a. Start a scholarship
 - b. Networking/Industry events
 - c. Support a college/major/program/student club/organization on campus.
 - d. Fundraising events
 - e. Tailgate
 - f. Professional development seminars/workshops
4. Assuming your chapter/club is approved, what are your first year goals? Second year goals?

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.

VICE PRESIDENT

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: _____

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 date the organization is approved.

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 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 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 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 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: _____

List of Interested Participants

In addition to the officers (required) and board members (optional), to help ensure the chapter/club gets off to a healthy start once approved by the FSAA Board of Directors, you are also required to have at 10-15 *additional* individuals who have indicated their active interest in supporting/participating in the chapter/club.

On the following sheet of paper please provide their information.

Yes! I am interested in joining and supporting the _____ chapter/club.

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: _____

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