DECLARATION AND INDEMNIFICATION POLICY
PLUS AUTHORIZED SIGNATURE FORM

Chapter, Club or Network Name: ______________________________________________________

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

1. Application does neither imply 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.
DECLARATION/INDEMNIFICATION/SIGNATURES (Page 2)

Chapter, Club or Network Name: ________________________________________________________

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.

Name: ___________________________________ President
Email: ___________________________________ Phone: ______________________________
Signature: _________________________________ Date: ________________________________

Name: ___________________________________ Vice President
Email: ___________________________________ Phone: ______________________________
Signature: _________________________________ Date: ________________________________

Name: ___________________________________ Secretary
Email: ___________________________________ Phone: ______________________________
Signature: _________________________________ Date: ________________________________

Name: ___________________________________ Treasurer
Email: ___________________________________ Phone: ______________________________
Signature: _________________________________ Date: ________________________________

ACCEPTED:

President: ___________________________________ FSAA Board of Directors
Signature: _________________________________ Date: ________________________________

Executive Director: _________________________ Fresno State Alumni Association
Signature: _________________________________ Date: ________________________________