



SPSA

# SPSA Student Clubs' Ratification Package

For Office Use Only

Date Received: \_\_\_\_\_

Date Ratified: \_\_\_\_\_

Club Account Number: \_\_\_\_\_



# SPSA

## Student Club Constitution

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Club Name: \_\_\_\_\_

Date: \_\_\_\_\_ Club Email: \_\_\_\_\_

Please select one:

Non-Academic Club/Society (general interest)       Academic Club: Program/Graduation Year \_\_\_\_\_

### 1. OBJECTIVES

What are the goals and objectives of this Club? \_\_\_\_\_

\_\_\_\_\_

### 2. EXECUTIVE COUNCIL

All members of the Executive Council (for example: the President, Vice President and so on) shall hold a term of: \_\_\_\_\_

#### a. President

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

#### b. Vice President

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

#### c. Secretary

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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d. Treasurer

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Other (Title)

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Club Advisor: *\*Please note that if this optional position is filled by a faculty member, they cannot hold voting rights or hold financial control.*

Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. MEMBERSHIP**

Membership will be restricted to: \_\_\_\_\_

\_\_\_\_\_

Membership fees (optional) will be paid by: \_\_\_\_\_ In the amount of: \_\_\_\_\_

All money collected from the membership fees will be used to: \_\_\_\_\_

\_\_\_\_\_

**4. Meetings**

a. Meeting Procedures

The frequency of the meetings will be: \_\_\_\_\_

The number of members required for quorum is: \_\_\_\_\_

Consequences of absenteeism is: \_\_\_\_\_



b. The voting procedures are as follows:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

c. To be eligible to vote the following criteria must be met:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**5. ELECTIONS**

Elections will be held: \_\_\_\_\_

Students who are eligible to run are: \_\_\_\_\_

The method of election voting will be: \_\_\_\_\_

**6. AFFILIATIONS**

If applicable, state any affiliations your Club may have with an outside organization: \_\_\_\_\_

I have read and understand the SPSA's Club policies and will abide by them upon ratification.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SPSA Witness: \_\_\_\_\_

I understand that at least one Club Member must attend monthly Student Advisory Council meetings, and if two or more meetings are missed the Club is at risk of being de-ratified.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SPSA Witness: \_\_\_\_\_



## Club Society Waiver Form

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Club Name: \_\_\_\_\_

You, the Club, owe a common law “duty of care” towards those participating in any Club activity. The breach of this common law of duty of care may result in negligence and could result in liability for which damages could ensure.

Regarding this duty of care, it is important to understand that you are under a duty not to place any person in a position where it is foreseeable that that person could suffer injury. Anytime alcohol is served at a club function, there is serious potential for a breach of this duty of care and the liability which may follow. Your Club and its’ members will assume all risks in connection with the Club function for any harm, injury, loss or damage which may occur while any person participating in a Club function, including and without limitations, all risks connected with it. The Saskatchewan Polytechnic Students’ Association Inc. (hereafter referred to as the SPSA) will not be held liable in any way for any damages which result in connection with a Club function.

We, the Club, state that our Executive Members are of lawful age and legally competent to sign this waiver form, or have acquired the written consent of parents or guardians. In signing this form:

- We understand that we are acknowledging having read and fully understood the contents of this form, especially the section that deals specifically about liabilities;
- We agree that the SPSA will not be held liable in any way for any damages which result in connection of a Club function.

Club President (Print Name)	Signature
Club Vice President (Print Name)	Signature
SPSA VP Campus (Print Name)	Signature
Witness (Print Name)	Signature

For Office Use Only: We, the undersigned, do hereby confirm that the above listed Club has complied with the applicable SPSA Club Policies and Procedures and, pending ratification, is hereby an official registered Club.

VP Finance & Internal Operations: \_\_\_\_\_

Account Number: \_\_\_\_\_



## Financial Signing Authority Form

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Club Name: \_\_\_\_\_

It is recommended that a Club have at least four members authorized to have financial signing authority. Financial officers must be current Club members in good standing and Saskatchewan Polytechnic students belonging to a member campus. All advanced requests and payment requirements will require the signature of two authorized members of the Club. If the advance request does not have two signatures of authorized members the request will be denied and the President of the Club will be informed.

### 1. Statement of Responsibility for Authorized Financial Officers

As the authorized Financial Officer(s) of this Club, I understand that it is my responsibility to ensure that all receipts, invoices, purchase orders, are submitted in a timely manner for all Club activities. Failure to do so may put the Club in jeopardy for future Club cheque requests. Any Club money that is not used by the end of the academic year will remain in the account for use by the Club in the following academic year. Any money in a Club account will be surrendered to the SPSA after one fiscal year of unattended Club meetings or upon disbandment of the Club.

### Financial Officers for the Club:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Ph# \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Ph# \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Ph# \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Ph# \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

For Office Use Only:

Authorization Date: \_\_\_\_\_

VP Finance & Internal Operations: \_\_\_\_\_

Account Number: \_\_\_\_\_