



SPSA

# SPSA Student Societies' Ratification Package

For Office Use Only

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

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

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



## Student Societies Constitution

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Student Society Name: \_\_\_\_\_

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

Please select one:

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

### 1. OBJECTIVES

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

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



d. Treasurer

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

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

\_\_\_\_\_

\_\_\_\_\_

e. Other (Title)

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

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

\_\_\_\_\_

\_\_\_\_\_

f. Society 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 Society may have with an outside organization: \_\_\_\_\_

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

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

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

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

**I understand that at least one Society Member must attend the monthly Student Open Forum Assembly meetings, and if two or more meetings are missed, the Society is at risk of being de-ratified.**

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

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

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



**Student Society Waiver Form**

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Student Society Name: \_\_\_\_\_

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

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 function, there is serious potential for a breach of this duty of care and the liability which may follow. Your Society and its’ members will assume all risks in connection with the Society function for any harm, injury, loss or damage which may occur while any person participating in a Society 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 Society function.

We, the Society, 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 Society function.

_____	_____
Society President (Print Name)	Signature
_____	_____
Society 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 Society has complied with the applicable SPSA Societies Policies and Procedures and, pending ratification, is hereby an official registered Student Society.

VP Finance & Internal Operations:

Account Number:

\_\_\_\_\_



## Financial Signing Authority Form

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Student Society Name: \_\_\_\_\_

It is recommended that a Society have at least four members authorized to have financial signing authority. Financial officers must be current Society 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 Society. If the advance request does not have two signatures of authorized members the request will be denied, and the President of the Society will be informed.

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

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

### Financial Officers for the Society:

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: \_\_\_\_\_