



SPSA

STUDENT SOCIETIES
Re-Ratification Package

SPSA Student Societies' Re-Ratification Package

For Office Use Only

Date Received: _____

Date Re-Ratified: _____

Societies Account Number: _____



Society Name: _____ Date: _____

Have the Objectives of your Society changed? Yes No

Have any members of the Executive Council changed? Yes No

Has the Society Advisor changed? Yes No

Have the membership restrictions changed? Yes No

Have the meeting procedures changed? Yes No

Have the voting procedures changed? Yes No

Have the election procedures changed? Yes No

Has your Society become affiliated with any new outside organizations? Yes No

Has your Societies' signing authority changed? Yes No

If you answered yes to any of the above listed questions, please explain the new parameters. If any members of the Executive Council, or the Societies Advisor has changed, please provide the position, the name of the individual holding the position and their phone number.

- I have read and understand the SPSA's Student Societies' Policies and will abide by these Policies upon Re-ratification.
- I understand that at least one Society Member must attend monthly Student Advisory Council 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

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 Society 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

<p>For Office Use Only: We, the undersigned, do hereby confirm that the above listed Society has complied with the applicable SPSA Student Societies Policies and Procedures and, pending ratification, is hereby an official registered Society.</p> <p>VP Finance & Internal Operations: _____</p> <p>Account Number: _____</p>



Financial Signing Authority Form

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: _____



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