



SPSA

SPSA Student Societies' Ratification Package

For Office Use Only

Date Received: _____

Date Ratified: _____

Societies Account Number: _____



Student Societies Constitution

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: _____



SPSA

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: _____



SPSA

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. _____

d. **ELECTIONS**

Elections will be held:

Students who are eligible to run are:

e. The method of election voting will be:

f. **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/Council Connect, 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

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 officially registered Student Society.

VP Finance: _____

Account Number: _____



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, and 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: _____

Account Number: _____