



**CLUB CHARTER**

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

Name of the club: \_\_\_\_\_

Name of Certificated Advisor: \_\_\_\_\_

Name of Student President: \_\_\_\_\_

Purpose of the club:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meetings will be held at:

Place: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

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*(For ASB Use Only)*

In accordance with the authority vested in the Student Council/Senate by the Constitution of the Associated Student Body of Eastlake High School, this charter is hereby:

\_\_\_ Approved

\_\_\_ Disapproved

Explanation, \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ASB President / Date

\_\_\_\_\_  
ASB Dean / Date

\_\_\_\_\_  
School Principal / Date

“Sweetwater Union High School District programs and activities shall be free from discrimination based on gender, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation or the perception of one or more of such characteristics. (SUHSD Board Policy #0410).

KEEP A COPY OF THIS SHEET FOR YOUR CLUB RECORDS

I, \_\_\_\_\_, with the support of our advisor, \_\_\_\_\_,  
(name of student rep.) (name of certificated advisor)

request that \_\_\_\_\_,  
(name of club/organization)

be considered for school affiliation. I understand that the following legal requirements and school regulations are now being observed and will continue to be observed in the future:

1. All school-affiliated clubs shall have open membership.
2. A school advisor (Certificated Teacher) will be in attendance at all club functions.
3. The primary objectives of school affiliated clubs are either educational or service to the school. *Clubs whose major purpose is social will not be recognized.*
4. Club recognition is on a year-to-year basis.
5. No initiations of any kind are permissible under the state law.
6. All school-affiliated clubs must have a written constitution on file with the ASB Office.
7. All school-affiliated clubs must submit a progress report by the end of each year.
8. All school-affiliated clubs integrate the Inter-Club-Council (ICC) and shall attend to all ICC meetings.

**ADVISOR ACKNOWLEDGMENT**

*Education Code 48933(b) describes “the certificated employee who is the designated advisor” and requires that the club advisor be a certificated employee of the district.*

- I understand that as the club advisor I need to be present at all club meetings, fieldtrips and activities.
- I understand the fieldtrip process and I will secure all required documentation prior an excursion or fieldtrip.
- I understand that the club needs to submit a fundraiser application form prior to activity or fundraiser.
- I understand the Purchase Order Process to access the club’s trust funds.
- As the advisor of an organization, I will adhere to the ASB guidelines to the best of my ability.

This charter is held subject to all rules and regulations for student organizations and conditions stated in the application for a charter. Violation of any of these provisions will be sufficient cause for the charter to be revoked.

\_\_\_\_\_  
Signature of Club President / Date

\_\_\_\_\_  
Signature of the advisor / Date

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### CLUB CONTACT INFORMATION

Officer names and contact info for \_\_\_\_\_  
*(Name of the club)*

**President:** Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Vice President:** Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Treasurer:** Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Secretary:** Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Certificated  
Advisor:** Name: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### CLUB CONTITUTION

#### Article I, Organization

- a. The Name of this organization will be known as \_\_\_\_\_
- b. The purpose of this organization is to \_\_\_\_\_
- c. We will accomplish this by \_\_\_\_\_
- d. Meetings will be held at:  
 Time: \_\_\_\_\_ Place: \_\_\_\_\_ Day(s): \_\_\_\_\_
- e. Our advisor will be: \_\_\_\_\_
- f. We will be affiliated with the following community organization:  
 Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact person: \_\_\_\_\_

#### Article II, Membership

- a. Must be a student body member of Eastlake High School.
- b. Members must meet the following G.P.A. and attendance requirements to qualify for membership (if applicable): \_\_\_\_\_

#### Article III, Officers and Elections

- a. Officers should be elected by: \_\_\_\_\_
- b. Officers must be (e.g. members of senior class) \_\_\_\_\_
- c. Duties of officers are as follow:  
**President:** Directs meetings, represents the club, \_\_\_\_\_  
**Vice President:** Same duties as President; assumes role of President in his/her absence.  
**Secretary:** Records minutes of each meeting, \_\_\_\_\_  
**Treasurer:** Collects, issues receipts, records all monetary transactions for the organization, \_\_\_\_\_

#### Article IV, Financial Activities

- a. Funds will be raised by: \_\_\_\_\_
- b. Funds will be used for: \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
Advisor name / signature

\_\_\_\_\_  
Student representative name / signature

**Membership Roster for \_\_\_\_\_**  
*(name of the club)*

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