USG Club Charter Application



Club Name:		Date:	_//
Club Mission Stateme	ent:		
		orior to Thanksgiving breading that you understand the	
	Cl	ub Officers	
Title	Name	Class Year	Email
President			@moravian.edu
Vice President			@moravian.edu
Treasurer			@moravian.edu

Member Signatures:

Please include the signatures of 6 interested members who have read and approved of the club application. These members should not be your club's officers.

Name		Signature	Class Year	
	Advisor II	<u>nformation</u>	•	
Name:			Moravian Email:	
Advisor's Title on Campus:				
Advisors are responsible for commonthly check-in meetings with Office of Campus Life. By signing below, the advisor agreement of the common o	the e-board, and atter	nding an advisor training each s		
Advisor signature				
-				
Please feel free to attach	these questions as a s	eparate document, should you n	eed more space.	
Please explain the purpose of	your club and how	it differs from other clubs on	campus.	

hat is the long ter	m plan for this club? Consider how this club will continue after current
nembers graduate	and how the organization may function in the next 4 years. Discuss officer
ransition plans.	
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	ents/meetings do you plan to hold?

Does your club need funding from USC	6? If so, please articulate how this fund	ling might be used.
If your club charter is approved, you with the Vice President of Club Outro club's partnership with USG. Please questions about the USG Clubs and F	each and Vice President of Finance t come prepare with any questions inc	to discuss your
You are required to thoroughly read to you agree that your proposed organize the rules outlined here and any future	zation will work in compliance with	y signing
Please sign below to indicate that you Sanctioned Club & Finance Rules.	have read the United Student Gove	ernment
(Club President Signature)	(Print Name)	(Date)
(Club Vice President Signature)	(Print Name)	(Date)
(Club Treasurer Signature)	(Print Name)	(Date)
(Club Advisor Signature)	(Print Name)	(Date)