



# SLOHS Associated Student Body

## NEW CLUB APPLICATION FORM

### Proposed Club Name:

On behalf of SLOHS students, we request that this group be considered for school affiliation as an ASB Club. Once approved the club advisor listed will be notified. We understand that once this CLUB is approved the forms listed below must be submitted for approval.

\_\_\_ We request FULL CLUB status. FULL clubs expect to spend or receive money and will need an ASB club account.

\_\_\_ We request EASY CLUB status. EASY clubs do not intend to spend or receive money and do not need an ASB club account.

#### Upon approval we understand and agree to:

- Submit a club constitution (approved by club membership) for ASB Leadership for approval.  
All clubs, new or renewed, FULL or EASY must have a club constitution on file with the ASB ICC Commissioner..
- Follow SLOHS ASB and SLCUSD Accounting Procedures (if a FULL club).
- Submit an annual budget, including a rough estimate of expected purchases and expenditures (if a FULL club).
- Submit Initial Meeting Minutes (both FULL and EASY clubs).
- Submit a membership roster and listing of club officers including their contact information (both FULL and EASY clubs).

### Submission Information:

|                                                            |
|------------------------------------------------------------|
| Date:                                                      |
| Student Representative Name:                               |
| Student Representative Signature:                          |
| Certificated Advisor Name:                                 |
| Certificated Advisor Signature:                            |
| Purpose of Club:                                           |
| Club meeting location: _____ Club meeting day, time: _____ |

### Approval Information:

|                     |          |              |             |
|---------------------|----------|--------------|-------------|
| <b>ASB Approval</b> |          |              |             |
| DATE: _____         | Approved | Not Approved | Note: _____ |
| I.C.C. Chair: _____ |          |              |             |

|                                                       |          |              |             |
|-------------------------------------------------------|----------|--------------|-------------|
| <b>SLOHS Administrative Approval</b>                  |          |              |             |
| DATE: _____                                           | Approved | Not Approved | Note: _____ |
| Activities Director: _____ Activities Director: _____ |          |              |             |

