



CLUB REGISTRATION/ FINANCIAL SIGNING AUTHORITY

CLUB INFORMATION

REGISTERED NAME OF CLUB		What is the membership fee to join this club? (if applicable):		
BANKING NAME OF CLUB		INITIATION DATE	EXPECTED END DATE	<input type="checkbox"/> Submitted Club Constitution
CLUB ACCOUNT NUMBER <small>(Assigned by Campus Clubs Manager)</small>	CLUB WEBSITE if applicable		CLUB E-MAIL if applicable	

- It is required that a club have at least three members authorized to have financial signing authority;
 - It is required that the President and Treasurer of the club are the first two of the official designates who have signing authority;
 - Financial Officers must be current club executives in good standing;
 - All cheque requests require two signing authorities of the club, those that do not have the required signatures will be denied and the President of the club will be informed.
- A SIGNING AUTHORITY CANNOT SIGN A CLUB CHEQUE REQUEST WHEN THE CHEQUE IS PAYABLE TO THEMSELF.**

STUDENT RESPONSIBILITIES AS AUTHORIZED FINANCIAL OFFICERS

As the authorized Financial Officer(s) for this club, I understand that it is my responsibility to ensure that all fundraiser income statements are submitted in a timely manner for all club fundraising activities. Failure to do so will delay future club cheque requests. Clubs are to provide instruction in writing for the carry over of funds at the end of each school year in April. For clubs disbanding, a letter or e-mail notification with instructions for remaining funds (cheque request to disburse funds). Clubs that disband must finalize their account within 12 months. Any residual funds of a club account when inactive for 12 consecutive months will be turned over to the Club Grant Funding Account. In signing this form you have read the club manual understanding and agreed to its contents.

EXECUTIVE AND FINANCIAL OFFICERS FOR THE CLUB

NAME		PHONE (Include area code)		POSITION
SIGNATURE		DATE	E-MAIL	
TECHNOLOGY			STUDENT ID	
NAME		PHONE (Include area code)		POSITION
SIGNATURE		DATE	E-MAIL	
TECHNOLOGY			STUDENT ID	
NAME		PHONE (Include area code)		POSITION
SIGNATURE		DATE	E-MAIL	
TECHNOLOGY			STUDENT ID	

STAFF ADVISOR

NAME		PHONE (Include area code)		POSITION
OFFICE ROOM #	E-MAIL	SIGNATURE		

I do hereby confirm that the above listed club has complied with the applicable NAITSA Club Policies and procedures and is thereby a validly registered club.	NAITSA CAMPUS CLUB MANAGER	DATE
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OFFICERS OF THE CLUB (without signing authority)

NAME	PHONE (Include area code)	POSITION
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SIGNATURE	DATE	E-MAIL
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TECHNOLOGY	STUDENT ID
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