



# STUDENT AFFILIATE APPLICATION



## APPLICANT INFORMATION

University/College:

Name of Proposed Student Affiliate:

Address:

City:

State:

ZIP Code:

## FACULTY SPONSOR INFORMATION

Name:

Title:

Phone:

Email:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

## FACULTY CO-SPONSOR INFORMATION

Name:

Title:

Phone:

Email:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

## STUDENT AFFILIATE PRESIDENT INFORMATION

Name:

Email:

Phone:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

## STUDENT AFFILIATE OFFICERS

(list all additional offices, such as vice president, secretary, etc. and names of student filling that role, if known)

Office:

Name:

Email:



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## COMMITMENT TO A SERVICE PROJECT

Please share initial ideas of the project that you anticipate will become a tradition of your Affiliate (Note: we realize this project may change) (e.g., a tutoring project).

## STUDENT AFFILIATE CONSTITUTION

Attach Student Affiliate Constitution that includes the Articles and Sections as outlined below.

Article I – Name of Chapter

Article II – Purpose and Goals (See TODOS Mission and Goals under “TODOS” on Homepage)

Article III – Statement of Affiliation (to TODOS and other Affiliations, if appropriate)

Article IV – Membership [address dues, expectations, length of membership, renewal information]

Article V – Organization and Officers

Section 1: Organizational Structure

- a) The leadership of the Affiliate will include the following officers:
- b) The Sponsor of the Affiliate will be a member in Good Standing to TODOS.
- c) The president will be a member in Good Standing to TODOS.

Section 2: Duties of President

Section 3: Duties of Vice President\*

Section 4: Secretary\*

Section 5: Treasurer\*

Section 6: Term of Office

Article VI – Member Meetings

Article VII - Elections

Article VIII - Amendments to the Constitution (Describe process by which changes can be made to the Constitution)

Article IX – Dissolution of Organization

\*Beyond the President, each chapter can determine which offices they would like to have. Each office should be described in the Constitution.

## SIGNATURES

I verify that the information provided on this form is accurate and the leadership has committed to their stated roles.

Signature of Faculty Sponsor(s):

Date:

Name of Faculty Sponsor(s):

Signature of President:

Date:

Name of President: