

STUDENT ASSOCIATION RENEWAL FORM

Students' Union of UBC Okanagan

UNC133 – 3272 University Way

Kelowna, BC V1V 1V7



izzy.rusch@ubcsuo.ca

Academic Year: 2020-2021

Student Association Name:

_____ of UBCO

Are you a Course Union?

Yes

No

Aims and Purposes:

Position <i>(or preferred titles)</i>	Student Name and Student #	Signature	Phone #	E-mail
President				
Treasurer				
Secretary				

Membership Fee Amount: *(if charged)* \$ _____

General Student Association E-mail Address: _____

Is this the same email as 2019-2020.

Yes

No

Faculty Advisor *(if any)*: _____

Agreement

Please read the *Student Associations Regulation* carefully. These are the regulations by which you will govern your Student Association.

If you are a Course Union, submit a constitution and/or by-laws with this form.

Deadline for renewals is the 1st Friday of Term 1 and Term 2.

One member of your Student Association must be present at the Orientation Day held at the beginning of the academic year.

Student Association Signing Authorities

Your signing authorities are the executive members of your Student Association who oversee and approve the spending of Student Association funds. You are required to list no more/less than three signing authorities who are also executive members of your Student Association.

The Students' Union will confirm that the signatures below match on every cheque requisition form submitted.

If you need to change the Signing Authorities, please e-mail izzy.rusch@ubcsuo.ca and let her know who will be removed and who will be replacing them. Only the new signatory will need to come to the Students' Union office to sign a form.

Signing Authority Name*
(Please Print)

Full Signature
In Blue ink, no initials

Second Signing Authority Name*
(Please Print)

Full Signature
In Blue ink, no initials

Alternate Signing Authority Name*
(Please Print)

Full Signature
In Blue ink, no initials

Student Association Membership List

All Student Associations renewing must fill out the membership list below. Minimum number of fifteen (15) members required.

Student Association Name: _____

Academic Year: **2020-2021**

Student #	Name	E-mail	Current UBC Okanagan Student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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