

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
STUDENT GROUP/CLUB CHARTER
SCHOOL YEAR: _____

Campus: _____ Club Account #: _____

Club/Organization Name: _____

Sponsor: _____

Purpose (or attach copy of bylaws/constitution): _____

Requirements for membership: _____

Dues (amount & frequency): _____

Meetings (time and place): _____

Student club officers (at least three required):

---President: _____

Additional officers:

---Vice-President: _____

---Treasurer: _____

---Secretary: _____

Is this club: new this year _____, or a renewal from last year _____
(please check one)

A summary of planned fundraising requests (including tax-free sales days) must be attached to this charter. Please use the attached form.

This form must be completed and approved within the first six weeks of the school year and a copy kept on file at the campus.

Club Sponsor Signature Date

Approved by Principal: _____ Date: _____