

CHAPTER LIABILITY WAIVER

HENDERSON STATE UNIVERSITY ALUMNI ASSOCIATION

As the official chapter organization leader for the _____ chapter, I understand and agree that the contact information of alumni that I receive from the Henderson State University Office of Alumni is to be used solely for the purpose of informing alumni of the business of the chapter. I also agree to remove alumni from the contact list upon request. I acknowledge that the chapter and I will take sole responsibility and liability for the misuse of alumni contact information. Henderson State nor the Henderson State Alumni Association (HSAA) are not responsible or liable in any way for the misuse of alumni contact information by me or the chapter. I understand that failure to operate according to the HSAA Chapter Handbook will allow the HSAA to remove me from my position and possibly dissolve the chapter. I have read the HSAA Chapter Handbook and agree to abide by all policies and procedures outlines within as well as the waiver.

Chapter Organizational Leader/President

Date

Executive Director of Development & Alumni

Date

CHAPTER PETITION

HENDERSON STATE UNIVERSITY ALUMNI ASSOCIATION

CHAPTER TYPE

GEOGRAPHIC AFFINITY ACADEMIC/PROGRAM

PROPOSED CHAPTER NAME

_____ Chapter

PURPOSE OR AREA OF INTEREST

This Henderson State Alumni Chapter does hereby apply for official chapter status from the Henderson State University Alumni Association (HSUAA).

We submit the minimum requirements of ten signatures from active alumni in the area needed for approval as an official chapter and understand that we must maintain at least ten active members in the chapter to retain our official chapter status.

By presence of the application, we as organizers of this HSUAA Chapter, pledge our support to promote Henderson State University and the Henderson State Alumni Association.

As an official chapter of the Henderson State Alumni Association, this Alumni Chapter agrees to:

- Operate within the chapter handbook and the policies and procedures of the Henderson State Alumni Association.
- Elect officers yearly and report such information to the Henderson State Office of Alumni within one month of elections.
- Organize at least four quarterly meetings, one business meeting and one chapter event per year.

- To use the contact information of alumni provided to the chapter by the Office of Alumni solely for the purpose of informing alumni of the business of the chapter and understands the rights of alumni to be removed from the contact list at any time.
- We understand that failure to fulfill the requirements of being an official Henderson State Alumni Chapter may result in the chapter being withdrawn by the Henderson State Alumni Association.

This Henderson State Alumni Chapter understands that our chapter shall not be financially obligated to or by the Henderson State Alumni Association, nor shall the Henderson State Alumni Association in any way be obligated or responsible for the financial affairs of our Henderson State Alumni Chapter.

We understand that our Henderson State Alumni Chapter works with the Henderson State Alumni Association to help it achieve its goals.

Chapter Organizational Leader/President	Date
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Executive Director of Development & Alumni	Date
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For Henderson State Office of Alumni Use Only

Date Application Received: _____

Action Required:

- Received charter member contact forms and confirmed status with University.
- Received charter signature page.
- Email signed application (with all signatures) to the charter applicant.
- Confirmed date for organizational meeting: _____
- Set-up chapter fund, web page(s), donation page.

CHAPTER MEMBER SIGNATURES

HENDERSON STATE UNIVERSITY ALUMNI ASSOCIATION

_____ Chapter _____

Proposed Name _____ Date _____

We, the undersigned members in good standing with Henderson State University do hereby petition as witnessed by the signatures attached, the HSUAA Board of Directors to constitute an Alumni Chapter of this Association.

Signature Printed Name Organizer/President

Signature Printed Name Charter Member

Signature Printed Name Charter Member

Signature Printed Name Charter Member

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**ADDITIONAL CHAPTER MEMBER SIGNATURES
HENDERSON STATE UNIVERSITY ALUMNI ASSOCIATION
(NOT REQUIRED)**

Signature	Printed Name	Charter Member
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Signature	Printed Name	Charter Member
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CHARTER MEMBER CHAPTER CONTACT FORM

HENDERSON STATE UNIVERSITY ALUMNI ASSOCIATION

The following membership form shall be completed in its entirety for every **charter** member of the Alumni Chapter.

MEMBER INFORMATION			
*Name			
*Email		*Cell	
*Address			
*City		*State	
*Zip		*Country	
HIGHER EDUCATION INFORMATION			
School 1			
Degree		Year	
School 2			
Degree		Year	
School 3			
Degree		Year	
EMPLOYMENT INFORMATION			
*Employer			
City		State	
Title			