

Application for Affiliation With ASPPN for A Pre-Existing Private Foundation, or NPO

I _____ (print name) wish for the currently existing 501(c)(3) organization _____ (print name of private foundation or NPO) to gain affiliation with ASPPN, am an officer of the organization listed above, and have been given the authority to enter into this binding agreement with ASPPN by the organization listed above. I have attached the constitution, bylaws, and financial statements from the previous business year of the organization listed above to this Application. I know and understand that the President of ASPPN has the power to grant, deny, or revoke an affiliation with ASPPN, and the organization listed above will accept the President of ASPPN's decision to grant, deny, or revoke affiliation for the organization listed above with ASPPN. I know and understand that if the organization listed above is denied an affiliation with ASPPN, or if its affiliation with ASPPN is granted then later revoked, it will be unable to legally associate with the ASPPN name or image, or utilize the unique benefits ASPPN provides affiliated projects, private foundations, and NPOs as a Texas A&M Student Organization. I know and understand that if the organization listed above is denied affiliation with ASPPN, the Board of Directors of the organization listed above will be required to meet with the Board of Directors of ASPPN if the organization listed above wishes to apply and be considered for affiliation with ASPPN again. I know and understand that if the organization listed above is denied a second considered application by the Board of Directors of ASPPN, the organization above may not submit another application for affiliation until a full calendar year has passed from the day the Board of Directors of ASPPN deny the organization listed above a second considered application. I know and understand that if granted affiliation with ASPPN, the officers of the organization listed above will be subject to the obligations and responsibilities specified for officers of affiliated organizations in the

ASPPN Constitution and Bylaws two weeks after this Application is approved and returned to a signer of this Application. I agree to the terms above and if granted affiliation, the members of the organization listed above will pledge to uphold the ideals of ASPPN and Texas A&M University in their business conduct and personal lives, and will not break any laws or Texas A&M Student Rules so long as the organization listed above retains its affiliated status.

X _____
(sign here)

(print Officer position for the Organization you represent)

Affiliation Status:

X _____
(President of ASPPN) _____
(Date)

Revocation of Affiliation:

X _____
(President of ASPPN) _____
(Date)

Please keep a copy of this document