

## Application To Form An Affiliated Project, Private Foundation, or NPO

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I \_\_\_\_\_ (*print your name*), I \_\_\_\_\_ (*print your name*), and I \_\_\_\_\_ (*print your name*) wish to create an affiliated \_\_\_\_\_ (*print either Project, Private Foundation, or NPO*).

We have drafted a constitution and bylaws in accordance with the guidelines available on the ASPPN website, and have attached these two documents to this Application. We know and understand that the President of ASPPN has the power to grant, deny, or revoke an affiliation with ASPPN, and we will accept the President of ASPPN's decision to grant, deny, or revoke our proposed organization's, or project's, affiliation with ASPPN. We know and understand that if we are denied an affiliation with ASPPN, we may still create our organization, or project, through the normal legal process for Texas, but 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. We know and understand that if we are denied affiliation with ASPPN, we may revise our constitution and bylaws and attempt to gain affiliation as many times as is necessary to gain affiliation. We know and understand that if granted affiliation with ASPPN, the officers of our organization, or project, will be subject to the obligations and responsibilities specified for officers of affiliated organizations, or projects, in the ASPPN Constitution and Bylaws two weeks after this Application is approved and returned to a signer of this Application. We agree to the terms above and if granted affiliation, we pledge to uphold the ideals of ASPPN and Texas A&M University in our business conduct and personal lives, and will not break any laws or Texas A&M Student Rules so long as our organization, or project, retains its affiliated status.

X \_\_\_\_\_  
(*sign here*)

X \_\_\_\_\_  
(*sign here*)

\_\_\_\_\_  
(*print expected officer position*)

\_\_\_\_\_  
(*print expected officer position*)

X \_\_\_\_\_  
(sign here)

\_\_\_\_\_  
(print expected officer position)

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## Affiliation Status:

X \_\_\_\_\_ \_\_\_\_\_  
(President of ASPPN) (Date)

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## Revocation of Affiliation:

X \_\_\_\_\_ \_\_\_\_\_  
(President of ASPPN) (Date)

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\*Please keep a copy of this document\*