STUDENT GROUP MEMBERSHIP LIST

Your group must have a minimum of 10 eligible students who are enrolled at UM and have paid the student activity fee. These 10 member signatures are required, but we recommend you collect at least 15 member signatures in the case that some of these students do not meet the above requirements. Your student group MUST be comprised of students – individuals who are not enrolled at UM do not qualify for group membership.

BY SIGNING THIS FORM, I AFFIRM THAT:

a) I am a participating member of the organization named below.

b) I am enrolled this semester and have paid the Student Activity Fee. (PLEASE PUT AN “X” IN FRONT OF ANY MEMBER NAME NOT ENROLLED IN 7 OR MORE CREDITS)

c) I have read, and will abide by 1) Student Code of Conduct, 2) UM’s Drug and Alcohol Policies, and 3) UM’s Discrimination, Harassment, Sexual Misconduct, Stalking, and Retaliation Policy.

d) I have read, and will abide by, my group’s Risk Management Plan and will follow all rules related to the Healthy Fall 2020 Plan.

I understand the risks involved with participating in our group’s activities and accept responsibility for my own health and safety while participating in these activities.

e) My failure to abide by these rules may result in the group’s loss of recognition or other adverse action by ASUM or The University of Montana.

ORGANIZATION NAME: ____________________________________________

(Name of Organization Required)

Read before signing. BY SIGNING THIS FORM, YOU ARE ATTESTING TO ITEMS a - e ABOVE.

1. Name: __________________________________________ 790#:____________________________
Email: _______________________________ Signature: _______________________________

2. Name: __________________________________________ 790#:____________________________
Email: _______________________________ Signature: _______________________________

3. Name: __________________________________________ 790#:____________________________
Email: _______________________________ Signature: _______________________________

4. Name: __________________________________________ 790#:____________________________
Email: _______________________________ Signature: _______________________________
5. Name: __________________________________________   790#:____________________________
   Email: ________________________________________ Signature: ____________________________

6. Name: __________________________________________   790#:____________________________
   Email: ________________________________________ Signature: ____________________________

7. Name: __________________________________________   790#:____________________________
   Email: ________________________________________ Signature: ____________________________

8. Name: __________________________________________   790#:____________________________
   Email: ________________________________________ Signature: ____________________________

9. Name: __________________________________________   790#:____________________________
   Email: ________________________________________ Signature: ____________________________

10. Name: ________________________________________   790#:_____________________________
    Email: ________________________________________ Signature: ____________________________

11. Name: ________________________________________   790#:_____________________________
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12. Name: ________________________________________   790#:_____________________________
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13. Name: ________________________________________   790#:_____________________________
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14. Name: ________________________________________   790#:_____________________________
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Digital Signature process for ASUM Membership Organizations
(FOR 2020/2021 Recognition ONLY!)

Step one: Member Organization (Student Group) President sends the following email to the membership.

“Hello All, Please read the following information before signing as a member of our student group!

BY SIGNING THIS FORM, I AFFIRM THAT:

a) I am a participating member of the organization named below.
b) I am enrolled this semester and have paid the Student Activity Fee. (PLEASE NOTE ANY MEMBER NOT ENROLLED IN 7 OR MORE CREDITS)
c) I have read, and will abide by 1) Student Code of Conduct, 2) UM’s Drug and Alcohol Policies, and 3) UM’s Discrimination, Harassment, Sexual Misconduct, Stalking, and Retaliation Policy.
d) I have read, and will abide by, my group’s Risk Management Plan and will follow all rules related to the Healthy Fall 2020 Plan.

I understand the risks involved with participating in our group’s activities and accept responsibility for my own health and safety while participating in these activities.

e) My failure to abide by these rules may result in the group’s loss of recognition or other adverse action by ASUM or The University of Montana.

Please reply with NAME, 790, EMAIL, and this statement: “This reply shall act as my digital signature to XXX ASUM Member Organization (Student Group)”

Step two: Members respond with NAME, 790, EMAIL, and Statement.

Step tree: President prints email from all members to PDF (select Print in email settings, then choose Printer as “Microsoft to PDF”). Save as MemberInitials_MemberOrganizationName (Example: GC_ASUMAdministrationGroup.pdf).

Step four: Complete the Organizations Membership List. Fill it out with all member’s information (name, 790, email, and “Digital Signature” listed in the signature line).

Step five: Email all (Completed forms and member’s email PDFs) as attachments to asum.student@mso.umt.edu. Please cc: gwen.coon@mso.umt.edu and asum.businessmgr@mso.umt.edu.

For questions regarding this process, please email Gwen and she’ll get back to you ASAP.