2018 - 2019
ASUM Student Group Recognition Application
www.umt.edu/ASUM/
@ASUMMontana
asum.businessmgr@mso.umt.edu

Please print, complete, sign and return this application to the ASUM office, UC 104.
If you have any questions, please call (406) 243-2451

Each fall, new and returning ASUM student groups must submit a newly-completed Recognition Application. The application is available the first day of fall classes, online.

**DEADLINES FOR SUBMISSIONS**

- **Monday, September 24, 2018 by 5:00 pm:** All returning student groups seeking recognition, submit your application by this date.

- **Friday, September 28, 2018 by 5:00 pm:** All recognized groups requesting fall semester travel allocation funds, submit your Travel Allocation Requests by this date.

- **Monday, January 29, 2019:** All newly-formed groups seeking recognition and wanting to participate in the spring 2018 budgeting process, submit your application by this date.

- **After Monday, February 1, 2019:** Any newly-formed group receiving recognition after this date will be unable to participate in the spring 2017 budgeting process.

- **Friday, February 8, 2019:** Submit your spring Travel Allocation Requests by this date.

- **Between January 10, 2019 and Friday, April 20, 2019:** Newly-formed recognized groups are still eligible to apply for special allocations.

- **After Friday, April 20, 2019:** All recognized groups are ineligible for further ASUM funding for the academic year.

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Return completed application and all forms to ASUM, UC 104. Necessary forms must be completed and signed. Make sure all appropriate boxes are checked:

- Student Group Application form
- Membership list
- Risk Management Plan
- Advisor Agreement
- President Agreement
- Treasurer Agreement
- New governing document (New Groups only, or update existing)
- Read The University’s Drug and Alcohol Policies (link is available on the ASUM website under “Student Groups”)
- Read the Student Group Resource Guide (link is available on the ASUM website under “Student Groups”)

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IMPORTANT ANNOUNCEMENT:

Starting this academic semester, the following changes have been made in order to comply with university policy:

1) All student groups that are planning to travel MUST fill out a Request and Authorization to Travel Form PRIOR to the travel event in order to receive reimbursement. Contact the ASUM Office Manager at least two weeks prior to travel in order to allow time to prepare the necessary paperwork.

2) All student groups planning to host an event that includes a contracted service (a person providing a specialized service such as a guest speaker, referee, contest judge, d.j., graphic designer, etc.) MUST fill out a Statement of Work Form and provide a W-9 PRIOR to the event. The ASUM Office Manager must receive the necessary documentation in advance of the service being performed or payment cannot be guaranteed.

3) This form has changed this year, please pay careful attention when filling out this form, additionally an electronic copy may be submitted to asum.sgc@mso.umt.edu, you must scan the list of members and include all other pages.

*Please fill out the following application and return completed application to the ASUM office, UC, or submit a PDF version that includes all of the documents listed in the checklist (see pg 1). All groups must submit a copy of their governing documents with their recognition application (pg 8 for temple idea). All groups MUST submit an updated risk management plan (pg 4).

See the Student Group Resource Guide in the Student Groups section of the ASUM website to find instructions and forms: umt.edu/asum
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Check Appropriate Box:  □ Retuning Group  □ New Group

Group Name: _________________________________________________________________

Group Mission (description) _____________________________________________________
______________________________________________________________________________

Website: ________________________________________________________________

Twitter / Facebook: _______________________________________________________

STUDENT PRESIDENT

The President must be the same person as on the President Agreement.
PLEASE NOTE: The name/e-mail will appear on the ASUM website.

President’s Name: _____________________________________________________________

University Email: ___________________________Phone:________________________

STUDENT TREASURER

The Treasurer must be the same person as on the Treasurer Agreement.

Treasurer’s Name: _____________________________________________________________

University Email: ___________________________Phone:________________________

UNIVERSITY FACULTY OR STAFF ADVISOR

The Faculty/Staff must be the same person as on the Faculty/Staff Agreement.
PLEASE NOTE: The name/e-mail will appear on the ASUM website.

Faculty/Staff Name: _____________________________________________________________

University Email: ___________________________Phone:________________________

FINANCIAL ACCOUNTS

ASUM Fiscal Policy reads: 18.1 all external accounts must be reported prior to budgeting as provided on the Budget Request form. If external accounts exist and notification does not occur, the organization's ASUM account may be frozen.

□ Yes, We agree that we will not open an outside account, and will only use the MST account provided by ASUM

________________________________________________________________________

President  Treasurer  Advisor
Student Group Risk Management Plan:

The University of Montana considers students and others who participate in activities sponsored by student groups to be adults who understand the nature and risk of such activities and accept personal responsibility for their conduct without need for supervision. The University assumes no responsibility for a participant's bodily injury or personal property damage during student group activities. Students are advised to have adequate medical insurance, skill training, and protective equipment, where applicable, and must have a valid driver's license, automobile insurance, and/or other appropriate certification and/or training before driving any vehicle in connection with University activities.

It is expected that all members and participants of student group activities will abide by the Drug and Alcohol Guidelines of The University of Montana and the Student Conduct Code. Student Groups must complete and submit a Risk Management Plan as part of their application process. If you have questions, or would like more information about risk management or insurance coverage, please contact the Environmental Health and Risk Management Department at 243-2700, or read the Risk Management section of the Student Group Resource Guide.

RISK MANAGEMENT PLAN OUTLINE

Respond to all questions. If not applicable to your group, put “N/A”. Feel free to submit supplemental pages if additional room is needed.

1. TRAINING OR EDUCATION:

   a) What skills or minimal knowledge will be required of the group’s members to participate safely?

   b) What are the responsibilities of more experienced members in terms of training new ones?

   c) How will these be assessed?

   d) How will training and assessment results be documented and maintained?

   RISK MANAGEMENT PLAN OUTLINE
2. SAFETY MEASURES:

Identify steps the group will take to provide a safe practice and competition environment, if applicable? (If your student group does not ‘practice’ or ‘compete,’ please write N/A)

a) What is your group’s safety officer’s role with facility inspections during practice or other events?

b) Will weather ever prevent practice, games, or other events? If so, who notifies members and other teams?

c) Is there any equipment needed to ensure safety?

d) Where is the nearest AED (Automated External Defibrillator)?

e) Who is responsible for calling 911 in the event of an emergency?

3. SPECIAL RISKS:

How will the group address special risks associated with their sport?

a) Address risks associated with the sports

b) Are Acknowledgement of Risk or Medical Consent Forms for members necessary for your group’s activity? If so, who keeps them on file?

c) Are UM and/or non-UM volunteers utilized at your activities or events? If so, has the volunteer form been filled out and submitted?
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4. EMERGENCY ACTION PLAN:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. TRAVEL POLICY:

As a part of your risk management plan, you acknowledge that you have read and considered the Travel Guidelines in the ASUM Student Group Resource Guide.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. SUPERVISION:

Is it necessary to have a student group member or other individual who is CPR/First Aid certified present and/or supervising at your events or activities? If so, identify the individual(s). (required for Sport Club Union groups).

______________________________________________________________________________

7. INCIDENT RESPONSE:

1. As a part of your risk management plan, you acknowledge that you are familiar with the following UM policies:

7.1.1. Discrimination, Harassment, Sexual Misconduct, Stalking and Retaliation Policy

7.1.2. Alcohol/Drugs

7.1.3. Hazing: UM does not tolerate hazing. As defined by the UM Student Code of Conduct, hazing generally means any act which endangers the mental or physical health or safety of another, or which destroys or removes public or private property, for the purpose of initiation, admission into, affiliation with, or as a condition of continued membership in a group or organization.

7.1.3.1. Incidents of hazing should be reported immediately to the Dean of Students.

7.1.4. Theft or Vandalism: UM does not tolerate theft or vandalism, which is defined as taking or damaging someone else’s property without their permission.
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2. In the event of one of the incidents listed above, what is your course of action?

3. If media contacts you regarding any of the above incidents, please refer them to, and contact yourself, the ASUM Office Manager or the ASUM President immediately.

8. FIRST AID KIT:

What will constitute an appropriate first aid kit and who will be responsible for its upkeep and availability?

______________________________________________________________________________

9. EQUIPMENT:

How often is equipment inspected, cleaned, and maintained/repaired? Who is responsible for doing so? Who is responsible for maintaining records of inspections?

__________________________________________________________________________

10. SPECIAL EVENTS AND FUND RAISING:

For special fundraising activities and events please refer to the information on generating a separate Risk Management Plan for Special Events or Student Projects in the ASUM Student Group Resource Guide.

______________________________________________________________________________

STUDENT GROUP MEMBERSHIP LIST

Your group must have a minimum of 10 eligible students who are enrolled at UM, have paid the student activity fee, and are taking 7 or more credits. 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 should be comprised of at least 85% eligible students.

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 fees for a minimum of 7 credits. (PUT AN “X” IN FRONT OF ANY NON-STUDENT MEMBER NAME, THE NUMBER OF WHICH MAY NOT EXCEED 15% OF THE TOTAL MEMBERSHIP.)
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c) I have read, and will abide by, UM’s Drug and Alcohol policies. (See ASUM website: “Student Groups” link)

d) I have read, and will abide by, my group’s Risk Management 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 Group Required)

NOTE ITEMS a-e ABOVE. BY SIGNING THIS FORM, YOU ARE ATTESTING TO THEM.

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#___________________________
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Email: _________________________________ Signature: ____________________________

8. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

9. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

10. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

11. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

12. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

13. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

14. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

15. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

16. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________

17. Name: ______________________________________ 790#___________________________

Email: _________________________________ Signature: ____________________________
4. EMERGENCY ACTION PLAN:

What is the group’s emergency action plan for practice, game, travel, and severe weather emergencies? (ie. First-aid, EMS, emergency communication?)

______________________________________________________________________________
______________________________________________________________________________

5. TRAVEL POLICY:

As a part of your risk management plan, you acknowledge that you have read and considered the Travel Guidelines in the ASUM Student Group Resource Guide.

______________________________________________________________________________

6. SUPERVISION:

Is it necessary to have a student group member or other individual who is CPR/First Aid certified present and/or supervising at your events or activities? If so, identify the individual(s). (required for Sport Club Union groups).

______________________________________________________________________________

7. INCIDENT RESPONSE:

1. As a part of your risk management plan, you acknowledge that you are familiar with the following UM policies:
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7.1.2. Alcohol/Drugs

7.1.3. Hazing: UM does not tolerate hazing. As defined by the UM Student Code of Conduct, hazing generally means any act which endangers the mental or physical health or safety of another, or which destroys or removes public or private property, for the purpose of initiation, admission into, affiliation with, or as a condition of continued membership in a group or organization.

7.1.3.1. Incidents of hazing should be reported immediately to the Dean of Students.

7.1.4. Theft or Vandalism: UM does not tolerate theft or vandalism, which is defined as taking or damaging someone else’s property without their permission.

2. In the event of one of the incidents listed above, what is your course of action?

3. If media contacts you regarding any of the above incidents, please refer them to, and contact yourself, the ASUM Office Manager or the ASUM President immediately.

8. FIRST AID KIT:

What will constitute an appropriate first aid kit and who will be responsible for its upkeep and availability?

9. EQUIPMENT:

How often is equipment inspected, cleaned, and maintained/repaired? Who is responsible for doing so? Who is responsible for maintaining records of inspections?

____________________________________________________________________________
____________________________________________________________________________

10. SPECIAL EVENTS AND FUND RAISING:

For special fundraising activities and events please refer to the information on generating a separate Risk Management Plan for Special Events or Student Projects in the ASUM Student Group Resource Guide.
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ADVISOR AGREEMENT

You must be UM faculty, faculty affiliate/adjunct, or classified staff to be a student group advisor. Teaching assistants cannot serve as advisors. Advisors may advise groups on the expenditure of ASUM-awarded monies, but student members are expected to handle the actual expenditures. (The following information must be the same as on the main application page).

I, ____________________________, agree to serve as the 2018-2019 academic year advisor for (group name): ________________________________________________

Department: ____________________________________________________________

University Email: ___________________________ Work Phone Number: ____________________

I understand that my name and email address will be listed on the ASUM website. As this group’s advisor, I agree to notify the group, group spokesperson, and ASUM (406-243-2120) immediately if my information changes or if I am unable to serve as the group’s advisor for the entire period agreed to above.

ASUM requests that you work with the group’s president to:

- complete the Recognition Packet
- pay special attention to the Risk Management Plan and The University’s Drug and Alcohol policies.

ASUM encourages you to play an active part in your role as advisor, especially regarding risk management for any activities the group participates in. Groups with advisor input tend to minimize risks when participating in activities that might result in injuries, as well as protecting themselves, ASUM and the University from liability. In addition, advice and participation from the advisor in the conduct of student group formal meetings and elections ensures proper procedures are used and supports the fairness and harmony within the group.

☐ I have received a copy of the group’s current Recognition Form and agree to keep it on file.
☐ I have read The University’s Drug and Alcohol policies, reviewed all risk management policies and literature, and established proper risk management policies within the group.
☐ I have reviewed the copy of this student group’s Risk Management Plan
☐ I will not make unauthorized procard purchases without contacting the Office Manager prior to purchase

Your role as a Faculty Advisor to a student group, meets the definition of a Campus Security Authority (CSA) and as such, you are important in UM’s obligations under the federal law known as the Jeanne Clery Disclosure of Campus Security Police and Campus Crime Statistics Act, usually referred to as the Clery Act. It is especially important that you understand your role and responsibilities relating to the Clery Act. Training for this purpose is encouraged and is available at various times throughout the semester. Information about UM’s commitment to Clery Act compliance can be found at http://www.umt.edu/clery/default.php.

☐ I understand that in my role as a Faculty Advisor to a Student Group, I am considered a Campus Security Authority (CSA).

SIGNATURE: __________________________________________________________
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(Signature Required)

PRESIDENT AGREEMENT

To be your group’s president, you must be a currently enrolled UM student, taking 7 or more credits with all fees paid including your student activity fee. (The following information must be the same as on the main application page).

I,___________________________ agree to serve as the 2018-2019 academic year president for ____________________________

University Email: ___________________________ Phone Number: ___________________________

I understand that my name and email address will be listed on the ASUM website. I agree to notify the group, group advisor, and ASUM (243-2120) immediately if my information changes or if I am unable to serve as the group’s spokesperson for the entire period agreed to above. If this is true, I understand it is my responsibility to provide ASUM with the contact information of my successor.

In Addition:

☐ Yes, I have given our group’s advisor a copy of this current Recognition Form.
☐ Yes, I agree to inform our group’s advisor of group activities and meetings.
☐ Yes, I agree to keep our group current and informed with all paperwork/documents submitted to ASUM.
☐ Yes, I agree to keep member, and financial records for my student group, and to report regularly to the student group coordinator.
☐ Yes, I have read the Student Group Resource Guide and accept responsibility for sharing the information with all members of my group.
☐ Yes, I have read The University’s Drug and Alcohol policies, reviewed all risk management policies and literature, and have submitted a risk management plan to ASUM and my group’s advisor.
☐ Yes, I have read and agree to help my group abide by ASUM Fiscal Policy. (Note: ASUM Fiscal Policy can be found on the ASUM Website.)

SIGNATURE: ________________________________________________________________

(Signature Required)
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TREASURER AGREEMENT

To be your group’s Treasurer, you must be a currently enrolled UM student, taking 7 or more credits with all fees paid including your student activity fee. (The following information must be the same as on the main application page).

I, __________________________ agree to serve as the 2018-2019 academic year Treasurer for (group name): __________________________________________________________

University Email:_________________________ Phone Number: _______________________________

I understand that my name and email address will be listed on the ASUM website. I agree to notify the group, group advisor, and ASUM (243-2120) immediately if my information changes or if I am unable to serve as the group’s Treasurer for the entire period agreed to above. If this is true, I understand it is my responsibility to provide ASUM with the contact information of my successor.

In Addition:

☐ Yes, I have given our group’s advisor a copy of this current Recognition Form.
☐ Yes, I agree to inform our group’s advisor of group activities and meetings.
☐ Yes, I agree to keep our group current and informed with all paperwork/documents submitted to ASUM.
☐ Yes, I agree to keep member, and financial records for my student group, and to report regularly to the student group coordinator.
☐ Yes, I have read the Student Group Resource Guide and accept responsibility for sharing the information with all members of my group.
☐ Yes, I have read The University’s Drug and Alcohol policies, reviewed all risk management policies and literature, and have submitted a risk management plan to ASUM and my group’s advisor.
☐ Yes, I have read and agree to help my group abide by ASUM Fiscal Policy. (Note: ASUM Fiscal Policy can be found on the ASUM Website.)

SIGNATURE: __________________________________________________________

(Signature Required)
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Use this format/outline as a guideline and include information pertaining to all applicable sections. If you are affiliated with a national group and use their document, please include, but do not substitute it for this document. This document must not contain any language contrary to federal or state anti-discrimination laws.

ARTICLE I – NAME
Name of your group: ___________________________________________________________________

ARTICLE II – MISSION
Purpose of your group:
_____________________________________________________________________________________
___________________________________________________________________________________

ARTICLE III - MEMBERSHIP
A. State who is qualified for membership (assuring no discrimination on the following basis of race, creed, religion, color, sex, physical or mental disability, age, national origin or sexual orientation). Membership shall not be denied in any manner contrary to federal or state anti-discrimination laws or University policy. Student group members are entitled to the rights outlined in Title-49, Chapters One and Two of the Montana Codes Annotated.
B. Establish membership criteria that will be approved by the ASUM Board on Member Organizations. A minimum of 85% of the membership must be students registered at The UM.

ARTICLE IV – MEETING
A. State when meetings of the membership are to be held and the location:
_____________________________________________________________________________________
B. State procedures for calling regular and/or special meetings: __________________________________

ARTICLE V - EXECUTIVE BOARD
A. State what officers make up the group and the duties of each beyond those listed in the Agreements above:
   a. President:____________________________________________________________
   b. Treasurer:________________________________________________________
   c. Officers:________________________________________________________________
B. State procedures for filling officer vacancies when they arise:


ARTICLE VI – ELECTIONS

A. State which officers will be selected by the membership, the length of their terms, and how many times a person may hold the same office:


B. State the nominating procedures:


C. State how the nominees will present their qualifications and how and when elections will be held:


D. State procedures in the event a runoff is necessary to break a tie:


ARTICLE VII - DUES/FUNDS
State the source of group funds (dues, ASUM, fund-raising, vending machine):


ARTICLE VIII - COMMITTEES
Name any group committees, their purpose and membership:


ARTICLE IX - AFFILIATIONS
State any affiliations with local, state, regional or national groups:


ARTICLE X - ADVISOR
This person must be UM faculty or staff – no teaching assistants or faculty affiliates will be accepted as advisors.

ARTICLE XI - COACH/MANAGER (sports groups only)
State the procedure for selection/qualifications of a coach/manager and his/her duties:


ARTICLE XII - RATIFICATION
State how this document is approved by your group’s membership:


ARTICLE XIII - AMENDMENTS
State how this document may be amended:


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ARTICLE XIV - BYLAWS or OTHER DOCUMENTS
State any other documents under which the group operates: __________________________________________________________
__________________________________________________________

PLEASE INCLUDE A SIGNATURE AND DATE AT THE END OF THE DOCUMENT WHEN IT IS ADOPTED.

BENEFITS OF RECOGNITION

- Free use of tables and meeting rooms in the UC for group activities (subject to charges for specific services and/or activities), reservations may be made in the UC Event Planning Office - UC 340, 243-4113;
- Free UC atrium table privileges;
- Privilege to request funds from ASUM consistent with ASUM Fiscal Policy;
- Free ASUM financial services, which includes making deposits, payments and travel reservations;
- The right to use the ASUM affiliation, upon the written approval of ASUM, for sponsored events or in pursuing grants or research monies. Groups using ASUM funds for an event MUST credit ASUM on event advertisements.
- Website listing.

CRITERIA FOR STUDENT GROUP RECOGNITION

- Register under a name that is not presently used by any other registered ASUM student organization.
- File a complete membership list, which must have at least 15 active student members (those registered for 7 or more credits) with the total membership comprised of a minimum of 85% registered students.
- File a list of all officers or responsible members and their respective functions, outlined in a Governing Document Form.
- File the name, address and phone number of a regular University of Montana faculty or professional staff member who has agreed in writing with a signature to serve as advisor for the group. (A teaching assistant or faculty affiliate is not acceptable as an advisor.)
- Provide a list of group members authorized to make financial decisions and expenditures on behalf of the group.
- Each ASUM student organization must notify their faculty advisor of all activities, meetings or events.
- Provide an updated list of the group inventory each year.

FISCAL RESPONSIBILITIES OF ASUM GROUPS

- All money raised by this group, including club dues, donations, bake sales, event receipts or any other income, no matter how small or large, must be deposited into the group’s ASUM account before dispersal. Money may not be spent on any item, bill or payment unless it is processed through the group’s ASUM account.
- Payment requests for persons, whether students, UM faculty or staff, coaches, independent contractors, guest speakers, contest judges, etc. require additional paperwork and extra time to process. Depending on the situation, the individual might need to be hired by the University as a student employee or temporary classified staff. It is highly recommended that plenty of advance notice be provided the ASUM Office Manager for processing such transactions.
- Groups may not spend money unless there are funds in that group’s ASUM account to cover such expenditures. Exceptions would be if arrangements have been made and Phoebe Hunter, ASUM Office Manager, has been fully informed in advance. In the unusual circumstance that pledging money in excess of the group’s account balance is necessary, the group must secure the written approval of the ASUM Business Manager or his/her delegate before any funds are pledged.
- 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.

WITHDRAWAL OF ASUM GROUP RECOGNITION
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- Notice of dissolution from officers/advisors.
- Failure to hold meetings over a 12-month period or failure to submit or report group activities as required, including re-recognition annually.
- Any member who possesses an ASUM-funded club item must return said item(s) to the group prior to withdrawal. A withdrawing group must return and report all ASUM-funded inventory items to ASUM prior to withdrawal.

LOSS OF ASUM GROUP RECOGNITION

- Violation of rules/policies/procedures of ASUM or The University of Montana.
- Failure to comply with stated criteria or failure to meet all responsibilities stipulated by the ASUM Student Group Recognition form.
- Failure to maintain most current information on group filed with ASUM office.
- Failure to conduct events/activities in a responsible manner, such as causing a disorderly diversion or disturbance that interferes with the operation of the University. (This section shall not be construed as denying the right of peaceful assembly.)
- Failure to follow The University of Montana Drug and Alcohol Guidelines.
- Prior to withdrawal, a group will be warned or given the opportunity to take corrective steps or be given a hearing through the grievance procedure outlined by the Committee on Member Organizations.
- Failure to correct a negative balance ASUM account.

SIGNATURE: __________________________________ DATE: __________________________