**RSO Constitution Form**

**Please fill out the sections below, and upload as a digitally signed document at your registration session, saved as “YEAR RSO NAME Constittuion”. RSO constitutions are valid until October 2027. DO NOT ALTER OR REFORMAT THIS DOCUMENT. ANY CHANGES MAY DELAY REVIEW AND APPROVAL OF YOUR RSO CONSTITUTION.**

**Article I: Name** *(please fill in name of your RSO. If you wish to show a UW association, you may* ***ONLY*** *use “at University of Washington” or “UW Chapter” at the* ***END*** *of your name.)*

Registered Student Organization Constitution of:

**Article II: Group Purpose**

 **Section 1:** *(Please state purpose/mission of your group)*

**Article III: Affiliations**

*(Please state any local, state or national organizations that your group is officially affiliated)*

**Article IV: Membership** *(Please review and check boxes in Sect. 1&2)*

**[ ]  Section 1:** We verify that the majority of the membership of this organization are regularly enrolled University of Washington- Seattle students. Only currently registered UW- Seattle students are officers or have voting privileges within our organization.

**[ ]  Section 2:** We verify that selection of members shall not involve hazing of any kind, nor will selection discriminate against others based on race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status.

**Section 3:** Associate Membership *(Who can be non-voting members of your group- faculty, staff, non-uw, etc)*

**Section 4:** Eligibility Requirements *(Please indicate any additional requirements for membership- dues, GPA, national or local organization membership, etc)*

**Article V: Officers**

**Section 1:** Officer Description *(Please describe officer titles and duties of the five Group Administrators, and other officers conducting business for your group)*

**Section 2:** Qualifications *(What are the qualification of each position to hold office?)*

**Section 3:** Term of Office *(Please describe length of term of office for officers)*

**Section 4:** Removal Provisions *(What are the reasons and process for removing officers from positions?)*

**Article VI: Elections**

**Section 1:** Selection of Officers *(When are officer elections held?)*

**Section 2:** Procedures for voting *(What are your voting procedures, and how are results/winner determined?)*

**Section 3:** Procedures for filling officer vacancies

**Article VII: Meetings**

**Section 1:** Calendar *(What types of meetings does your group hold? When does your group hold meetings and when/where are members told about meetings?)*

**Section 2:** Quorum *(What is minimum attendance to vote on club business in meetings?)*

**Article VIII: Non-SAO Advisors** *(please review and check box in Sect. 1)*

**[ ]  Section 1:** We verify that non-SAO advisors to our organization are selected by our organization’s voting membership, and that they serve ex-officio without voting privileges.

**Section 2:** If you are a Federal Title IX exempt fraternity or sorority with Recognition Agreement on file with UW Office of Fraternity and Sorority Life, please indicate powers granted to your chapter adviser regarding club business from your national affiliate:

**Article IX: Constitutional Amendments**

**Section 1:** Process *(Please describe your process for amending your constitution)*

**Signature Page**

Our organization verifies our operating practices are not in conflict with the Registration requirements in Articles I, IV, and VIII, nor are they in conflict with the SAO Policy Guide and other University of Washington requirements. *This constitution is valid until October 2027.*

*Name, Title of Registering Officer, Email (print) Date (DD/MM/Year)*

*If any modification or changes are made before October 2024, please sign and date below, upload to your HuskyLink group account, and submit to* *saoreg@uw.edu*

*Name, Title of Officer, Email (print) Date (DD/MM/Year)*

***For SAO departmental use only***

*Document received date:**Staff initials:*