

Woodinville High School  
"One Falcon, One Family"



# Application for ASB Fundraising Club (Spring Only)

Name of club or organization: \_\_\_\_\_

Name of faculty advisor: \_\_\_\_\_

Name of student contact: \_\_\_\_\_

Purpose and primary activities: \_\_\_\_\_

Method of membership selection: \_\_\_\_\_

Method of leadership selection: \_\_\_\_\_

Meetings (time of day/day of week/where) \_\_\_\_\_

Proposed budget (please attach)

Are there membership fees? ( ) Yes ( ) No If yes, how much? \$ \_\_\_\_\_

Fundraising activities: \_\_\_\_\_

Constitution (please attach)

\_\_\_\_\_  
Faculty Advisor\*

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

Name of Student Completing this Application: \_\_\_\_\_

\_\_\_\_\_  
Date

*\*Note: Any volunteers who help with the club must be approved through the office, follow NSD volunteer procedures, and submit a yearly background check prior to working with students.*

**Return application to:**  
**Mr. Kelly (Activities Director, Room 101) or Mrs. Nelson (ASB Office)**

**For ASB Office Use Only:**

Approved ☐ Not Approved ☐

\_\_\_\_\_  
Principal or Assistant Principal Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activities Director

\_\_\_\_\_  
Date

**(Return fully signed form to Rachel Nelson for processing.)**

Date of General ASB Meeting Approval: \_\_\_\_\_