

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/Primary Advisor or**  
**Mrs. Kongkarat/Mrs. Schwans - ASB Office**

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***For ASB Office Use Only:***

\_\_\_\_\_  
Principal or Activities Director/Primary Advisor Date

\_\_\_\_\_  
ASB Secretary

\_\_\_\_\_  
Date

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