



**University Recognized Clubs and Organizations
Statement of Non-Discrimination and
Acknowledgement of Use of Alcohol & Illicit Drugs Policy**

Statement of Non-Discrimination

Club/Organization Name:

President's (or similar officer) Name:

President's CSUN ID #:

Pursuant to Executive Order 1006, I understand that California State University, Northridge will not recognize any student organization that discriminates on the basis of race, religion, national origin, ethnicity, color, age, gender, marital status, citizenship, sexual orientation or disability. I also understand that the prohibition of membership policies that discriminate on the basis of gender does not apply to athletic groups/clubs, social fraternities or sororities, or other university living groups. Furthermore, as president (or similar officer) I attest to the fact that the organization has no rules or policies that discriminate on the basis of race, religion, national origin, ethnicity, color, age, gender, marital status, citizenship, sexual orientation, or disability.

Withdrawal of official recognition: Official recognition of any fraternity, sorority, living group, honor society, religious, political, special interest, professional/academic related, or other student organization that discriminates on the basis of race, religion, national origin, ethnicity, color, age, gender, marital status, citizenship, sexual orientation, or disability shall be withdrawn. The prohibition of membership policies that discriminate on the basis of gender does not apply to athletic groups/clubs, social fraternities or sororities, or other university living groups.

As president (or similar officer) of the organization listed above I hereby understand and agree to the above Statement of Non-discrimination.

President (or similar officer) Signature:

Date:

Acknowledgement of Use of Alcohol & Illicit Drugs Policy

As president (or similar officer) of the organization listed above I hereby verify receipt of *California State University, Northridge Use of Alcohol and Illicit Drugs policy*, which is contained in the *Clubs and Organizations Manual*. Furthermore, I attest to receiving information on alcohol use/abuse.

President (or similar officer) Signature:

Date:

Official Use Only

Date Received:

Received By:

Approved for Official University Recognition:

(Activities Coordinator, MIC)

(Date)