

CONSTITUTION REVIEW CHECKLIST

Association: _____

Effective date: _____

CRITERIA DESCRIPTION

Association Name

Yes No Is their Name and Operating name, if different, included?

Objectives

Yes No Does it acknowledge the authority of HC and HNO as their governing bodies?

Yes No Does it include HNO Bylaw 604(d) IP Program (Minor Associations Only)?

Yes No Does it include their governing area?

Yes No Does it describe the category and division to which they participate?

Yes No Is the division or divisions approved by the Branch?

Yes No Is the language to form and operate included in description?

Location

Yes No Is the Team, League or Associations, location City listed?

Directors (must have a minimum of three)

Yes No Is there a President?

Yes No Is there a Secretary?

Yes No Is there another?

Yes No Are the duties for the above mentioned position outlined? **OPTIONAL**

Yes No Are the duties for the individual directors outlined? **OPTIONAL**

Yes No Are the duties of the Board of Directors outlined? **OPTIONAL**

Yes No Does it mention how the Directors are elected? **OPTIONAL**

Books and Records

Yes No Is it adequately explained who and where the records are kept?

Execution of Documents

Yes No Does it adequately explain who signs for the Team, League or Association?

Membership

Yes No Is it adequately explained who the Membership is?

Yes No Does it include wording found in HNO Bylaw 1304(b) to not accept membership?

Annual Meeting

Yes No Is the date of the Annual meeting listed.

Interpretations

Yes No Does it include wording found in HNO Bylaw 805 Masc. /Feminine?

Appeals

