

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 1204(d) U7 Program?
☐ 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 1204(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 705 Masc. /Feminine?

Appeals

☐ Yes ☐ No For Leagues and Associations is there an appeal process in place?

Effective Date

☐ Yes ☐ No Is there an effective date?

Signing

☐ Yes ☐ No Has constitution been properly signed?

Over all constitutional strength: weak - 1 2 3 4 5 - strong

Comments:

Attach additional on separate sheet

Recommendation to the Board:

- ☐ Approve as submitted
☐ Approve with stipulations (stipulations attached)
☐ Reject with stipulations

Stipulations

Date: _____

Name:
HNO Board of Director