

Student Organization Signature Sheet

Account # _____

ORGANIZATION NAME: _____

ORGANIZATION INFORMATION:

<input type="checkbox"/>	TEMPORARY STATUS
<input type="checkbox"/>	PERMANENT STATUS

DATE OFFICERS CHANGED or ELECTED: _____

PRESIDENT INFORMATION:

President Name (print): _____

Signature: _____

Campus E-Mail Address: _____

Cell Phone Number: _____

TREASURER INFORMATION:

Treasurer Name (print): _____

Signature: _____

Campus E-Mail Address: _____

Cell Phone Number: _____

ADVISOR INFORMATION:

Advisor Name (print): _____

Signature: _____

Campus E-Mail Address: _____

Cell Phone Number: _____

For Office Use

Date Rcvd/By:

Date Entered/By:
