

Student Organization Information and Signature Sheet

ORGANIZATION NAME: _____

PRESIDENT INFORMATION:

Name: (print) _____

Signature: _____

Campus E-Mail _____

Cell Phone Number _____

TREASURER INFORMATION:

Name: (print) _____

Signature: _____

Campus E-Mail _____

Cell Phone Number _____

ADVISOR INFORMATION:

Name: (print) _____

Signature: _____

Campus E-Mail _____

Cell Phone Number _____

For Office Use

Date Rcvd/By: _____

Date Entered/By: _____

Account Number: _____