

Student Organization Information and Signature Sheet

Account # _____

ORGANIZATION NAME: _____

Organization Information:

SMC PO Box _____
OR
Campus Address _____

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: _____

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For Office Use

Date Rcvd/By:

Date Entered/By:
