

# 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:

\_\_\_\_\_

\_\_\_\_\_