Account #_____

Student Organization Signature Sheet

ORGA	NIZATION NAME:			
		TEMPORARY STATUS		
ORGANIZA	ATION INFORMATION:	PERMANENT STATUS		
DATE OFFICE	RS CHANGED or ELECTED:			
PRESIDENT INF	ORMATION:			
	President Name (print):			
	Signature:			
	Cell Phone Number:			
TREASURER INF	FORMATION:			
	Treasurer Name (print):			
	Signature:			
	Campus E-Mail Address:			
	Cell Phone Number:			
ADVISOR INFOI	-			
	Advisor Name (print):			
	Campus E-Mail Address:			
	Cell Phone Number:			
For Office Use	Date Rcvd/By:	Date En	tered/By:	