## **Student Organization Information** and Signature Sheet

Account #	

ORGA	ANIZATION NAME:	
Organization Ir	nformation:	
	SMC PO Box	
	OR CAMPUS LOCATION	
	<u></u>	
PRESIDENT INF	ORMATION:	
	President Name (print):	
	Signature:	
	Campus E-Mail Address:	
	Cell Phone Number:	
TREASURER IN	FORMATION:	
	Treasurer Name (print):	
	Signature: _	
	Cell Phone Number:	
ADVISOR INFO	RMATION:	
	Advisor Name (print):	
	Signature:	
For Office Use	Date Rcvd/By:	Date Entered/By:
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