

Student Organization Information and Signature Sheet

Account # _____

ORGANIZATION NAME: _____

Organization Information:

SMC PO Box
OR
CAMPUS LOCATION

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:
