Date: __________

Print or type Name, Telephone Number, and E-mail address under each position. If your club does not have one or more of the following positions leave the line blank. If you have more Officers please use an additional page.

Club/Organization Name __________________________________________________________

Officers:
President/ Chairman: _____________________________________________________________
Vice President/ Vice Chairman: ______________________________________________________
Secretary: ______________________________________________________________________
Treasurer: _____________________________________________________________________
Public Relations: _________________________________________________________________
Sergeant at Arms: ________________________________________________________________
SGO Representative: ______________________________________________________________
Alternate SGO Representative: ______________________________________________________

I verify that each of the above listed officers have a cumulative GPA of 2.0 or higher or are a first semester student with no GPA.

Advisor’s Name: _______________________ Signature: ________________________________

Submitted By: _________________________ Signature: ________________________________
Approved By: _________________________ Signature: ________________________________