SUNY MORRISVILLE
Student Government Organization
Club Officer Roster

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, are in good disciplinary standing and have completed Bystander Intervention Training this year.

Advisor’s Name: _______________________     Signature: ________________________________

Submitted By: _________________________     Signature: ________________________________

Approved By: _________________________     Signature: ________________________________