

Orientation completed     Risk Management Training completed

# OFFICER ROSTER

ORGANIZATION: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

*PLEASE PRINT!*

Orientation completed     Risk Management Training completed

## **PRESIDENT**

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Orientation completed     Risk Management Training completed

## **VICE-PRESIDENT**

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Orientation completed     Risk Management Training completed

## **TREASURER**

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

# OFFICER ROSTER (continued)

Orientation completed     Risk Management Training completed

## SECRETARY

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Orientation completed     Risk Management Training completed

## OTHER

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Orientation completed     Risk Management Training completed

## OTHER

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

PRIMARY & SECONDARY PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_