



OFFICER ROSTER

ORGANIZATION: _____

DATE SUBMITTED: _____

PRESIDENT *(required position)*

Orientation completed

Risk Management Training completed

I approve release of contact info for club purposes

STUDENT NAME: _____

E-MAIL ADDRESS: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

VICE-PRESIDENT

Orientation completed

Risk Management Training completed

I approve release of contact info for club purposes

STUDENT NAME: _____

E-MAIL ADDRESS: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

TREASURER (*required position*)

Orientation completed

Risk Management Training completed

I approve release of contact info for club purposes

STUDENT NAME: _____

E-MAIL ADDRESS: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

SECRETARY (*required position*)

Orientation completed

Risk Management Training completed

I approve release of contact info for club purposes

STUDENT NAME: _____

E-MAIL ADDRESS: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

SGA REPRESENTATIVE (*required position*)

Orientation completed

Risk Management Training completed

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STUDENT NAME: _____

E-MAIL ADDRESS: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

OTHER:

Orientation completed

Risk Management Training completed

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ADDRESS, CITY, ZIP: _____

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Risk Management Training completed

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