STUDENT ORGANIZATION MEMBERSHIP ROSTER FORM

Must be submitted to the Student Activities Office within two (2) weeks after the first business meeting.
Due by the end of October of each academic year

Name of Organization: _____

Membership Fee (optional) _____

Membership number for the academic year _____

_____ _____ _____
President's Name (*Please Print*) Signature Date

First Name Please Print	Last Name Please Print	.#	Member Status N-New, R-Returner