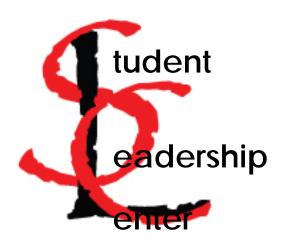


Report of Club Membership



In order for your club to retain active status you will need to submit your completed Report of Club Membership form each semester to the Student Leadership Center, SU-123E

Questions/Concerns? Please call, 623.845.4474

Executive Officer Information (Please Print Legibly - NOTE: student status will be verified)

Club Name:	Date:	
President		
Name:	SID#	
Address:		
(Street, City, State, Zip)		
Phone Number(s):		
Home	Cell	
Date of Birth:		
Email Address:		
Vice-President		
Name:	SID#	
Address:		
(Street, City, State, Zip)		
Phone Number(s):		
Home	Cell	
Date of Birth:		
Email Address:		
Lilidii Addicss.		
Secretary		
Name:	SID#	
Address:		
(Street, City, State, Zip)		
Phone Number(s):		
Home	Cell	
Date of Birth:		
Email Address:		
Treasurer		
Name:	SID#	
Address:		
(Street, City, State, Zip)		
Phone Number(s):	/	
Home	Cell	
Date of Birth:		
Email Address:		

Club/Organization Membership Roster

In order for a proposed club/organization to be recognized, they need a minimum of fifteen (15) members. (You may attach a separate sheet of paper if there are more than fifteen members) **NOTE:** Student status will be verified. *Pease Print Legibly:*

Clu	b Name:	Date:	
1.	Address:	SID#	
		<i>J</i>	
	Home Date of Birth:	Cell	
	Email Address:		
2	Address:	SID#	
	(Street, City, State, Zip) Phone Number(s):	<u> </u>	
	Home Date of Birth:	Cell	
	Email Address:		
3.		SID#	
	(Street, City, State, Zip) Phone Number(s):	<u> </u>	
	Home Date of Birth:	Cell	
	Email Address:		
4.	A 1.1	SID#	
	(Street, City, State, Zip) Phone Number(s):		
	Home Date of Birth:	Cell	
	Email Address:		
5.		SID#	
	(Street, City, State, Zip) Phone Number(s):		
	Home Date of Birth:	Cell	
	Email Address:		

Club/Organization Membership Roster Continued

Cluk) Name:	Date:	
6.	Name:	SID#	
	(Street, City, State, Zip)		
	Phone Number(s):	/	
	Home Date of Birth:	Cell	
	Date of Birth.		
	Email Address:		
7.	Name:	SID#	
	Address:		
	(Street, City, State, Zip)		
	Phone Number(s):		
	Home Date of Birth:	Cell	
	Email Address:		
8.	Name:	SID#	
	Address:		
	(Street, City, State, Zip)	,	
	Phone Number(s):Home	/ Cell	
	Date of Birth:	Coll	
	Email Address:		
9.	Name:		
	Address:(Street, City, State, Zip)		
	Phone Number(s):	1	
	Home	Cell	
	Date of Birth:		
	Email Address:		
10.	Name:	SID#	
	Address:		
	(Street, City, State, Zip)		
	Phone Number(s):		
	Home Home	Cell	
	Date of Birth:		
	Email Address:		

Club/Organization Membership Roster Continued

Clur) Name:	Date:	
11.		SID#	
	(Street, City, State, Zip) Phone Number(s):	/	
	Date of Birth:	Cell	
	Email Address:		
12.	Address:	SID#	
	(Street, City, State, Zip)		
	Date of Birth:	Cell	
	Email Address:		
13.	Address:	SID#	
	Home Date of Birth:	Cell	
	Email Address:		
14.	A alalua a a .	SID#	
	(Street, City, State, Zip) Phone Number(s):		
	Home Date of Birth:	Cell	
	Email Address:		
15.		SID#	
	(Street, City, State, Zip)	J	
	Home Date of Birth:	Cell	
	Email Address:		