

ORGANIZATIONAL OFFICERS, MEMBERSHIP, AND ADVISOR FORM

CONCORD UNIVERSITY

President: _____ 774# _____ Phone #: _____
Vice-Pres: _____ 774# _____ Phone #: _____
Secretary: _____ 774# _____ Phone #: _____
Treasurer: _____ 774# _____ Phone #: _____
Student Service Organization Rep: _____ 774# _____ Phone #: _____
E-Mail: _____
Sponsor(s): _____ Phone #: _____

MAILING INFORMATION:

Post Office Box Number: _____ E-Mail Address: _____
Regular Meeting Location: _____ Regular Meeting Time: _____
Regular Meeting Date: _____

SPONSOR RESPONSIBILITY STATEMENT: (Please write legibly)

I agree to serve as the sponsor for the _____ organization for the _____ school year. I agree to adhere to all University regulations concerning the role of the advisor as related to student organizations. I have also read the advisor's section in the Student Organizational Handbook and will make every effort to be a good advisor. (In case of resignation, the advisor will immediately notify the Student Center Office.)

(Sponsor's signature)

(Co-sponsor's signature if applicable)

MEMBERSHIP ROSTER: (Print legibly)

Name:	774#:	Box #:	Name:	774#:	Box #:
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		

(Attach another sheet if you cannot get all of your membership listed on this page)

(Complete all areas and return this form to PO Box D-130 or bring it by the Student Center Office, Room 203)

(Organizations not officially recognized on campus cannot ask for funds from SGA, sponsor a Homecoming Candidate, use campus facilities for meetings, socials, etc., advertise events, or hold fund raisers for the club.) Information provided will be shared upon request.