

Student Organization Semester Active Advisors and Members

Name of Organiz	zation:	ran S	Fall Spring 20				
President:Advisor:							
Total number of active members:							
Officer/ Active Members	Name	Address	Phone	E-mail			
				+			

Officer/ Active Members	Name	Address	Phone	E-mail				
We cert	rify that the information	we have provided on this form is c	omplete and a	ccurate.				
	Signature	Date						
SignatureDate President/Primary Officer								
	SignaturePrimar	Date y Advisor						
(Office Use Only)								
Sig	gnature Liaison of Stude	Date Received		_				