

Fall 2009 Student Organization - Officers and Membership Listing

THIS FORMS MUST BE SUBMITTED AT THE BEGINNING OF EACH SEMESTER TO REMAIN AN APPROVED & RECOGNIZED RMU SGA ORGANIZATION

Instructions for submitting your organization's membership information:

- This form can not be submitted on-line. You must download the file.
- Complete all five (5) sections
- Required to obtain all names, class standing (F – S – J – S), phone numbers, email address. Optional Campus/Home Address.
- REMEMBER TO INDICATE TERM OF OFFICE
- Specify member type: Associate (A) - New Member (NM)
- You may copy pages 2 and 3, if additional pages are required.
- Obtain signature of your Faculty Advisor.
- Attach all pages and submit to Student Life Office

| | | | |
|-------------------------|---|---|------------------|
| I. Name of Organization | Meeting Schedule <small>Please Circle</small> Monthly, Weekly, As Needed & Day of Week | Time of Meeting <small>Please Circle</small> Morning, Afternoon, Evening | Meeting Location |
|-------------------------|---|---|------------------|

PLEASE PRINT CLEARLY ALL INFORMATION

Officers Term of Office Date: Start: _____ **Ending:** _____

| II. EXECUTIVE BOARD OFFICERS | CLASS <small>Please Circle</small> | PHONE | E-MAIL | CAMPUS and/or HOME ADDRESS |
|------------------------------|--|-------|--------|----------------------------|
| NAME (PRESIDENT) | F – S – J - S | | | |
| NAME (VICE PRESIDENT) | CLASS <small>Please Circle</small> F – S – J - S | PHONE | E-MAIL | CAMPUS and/or HOME ADDRESS |
| NAME (SECRETARY) | CLASS <small>Please Circle</small> F – S – J - S | PHONE | E-MAIL | CAMPUS and/or HOME ADDRESS |
| NAME (TREASURER) | CLASS <small>Please Circle</small> F – S – J - S | PHONE | E-MAIL | CAMPUS and/or HOME ADDRESS |

IV. MEMBERSHIP LISTING

| Name (Last, First, M.I) | Phone# Or Email Address | Name (Last, First, M.I) | Phone # or Email Address |
|-------------------------|-------------------------|-------------------------|--------------------------|
| 1. | | 13. | |
| 2. | | 14. | |
| 3. | | 15. | |
| 4. | | 16. | |
| 5. | | 17. | |
| 6. | | 18. | |
| 7. | | 19. | |
| 8. | | 20. | |
| 9. | | 21. | |
| 10. | | 22. | |
| 11. | | 23. | |
| 12. | | 24. | |

SECTION V.

PERSON COMPLETING THIS FORM: _____ PHONE: _____ Email: _____

FACULTY ADVISOR: _____ PHONE: _____ Email: _____

DATE: _____

Return completed and signed form to: Student Life, Nicholson Center, 2nd Floor
Phone: 412.3974352 - Email: studentlife@rmu.edu