

# EXECUTIVE SIGNING OFFICERS LIST



Name of Organization:		Year:
Email:	On Campus Office:	Phone:
Website:		
May this information be released by the Campus Groups Office to individuals inquiring about the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Year of Study: \_\_\_\_\_  
Email: \_\_\_\_\_ Student #: \_\_\_\_\_  
May this information be released by the Campus Groups Office to individuals inquiring about the organization?  Yes  No

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SIGNING OFFICERS:	Name (print) _____	Signature _____
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