

Fall 2008 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.

I. Name of Organization

Meeting Schedule
Please Circle

Time of Meeting
Please Circle

Meeting Location

Monthly, Weekly, As
Needed & Day of Week

Morning, Afternoon,
Evening

PLEASE PRINT CLEARLY ALL INFORMATION

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

II. EXECUTIVE BOARD OFFICERS

CLASS
Please Circle

PHONE

E-MAIL

CAMPUS and/or
HOME ADDRESS

NAME (PRESIDENT)

F – S – J - S

NAME (VICE PRESIDENT)

CLASS
Please Circle

PHONE

E-MAIL

CAMPUS and/or
HOME ADDRESS

F – S – J - S

NAME (SECRETARY)

CLASS
Please Circle

PHONE

E-MAIL

CAMPUS and/or
HOME ADDRESS

F – S – J - S

NAME (TREASURER)

CLASS
Please Circle

PHONE

E-MAIL

CAMPUS and/or
HOME ADDRESS

F – S – J - S

IV. MEMBERSHIP LISTING

Name (Last, First, M.I.)	Phone# Email Address	Name (Last, First, M.I.)	Phone # 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