YORK COLLEGE
STUDENT ORGANIZATION
INFORMATION ROSTER

Please print or type, except where signature is required

1. **Club/Organization**_____

2. **Purpose of Club/Organization**_____

_____

_____

_____

3. **Faculty Advisor** _____ _____
(Signature) (Title)

Department _____ Location: _____ Office Ext. _____

4. **Officers**

PRESIDENT_____SS# _____-_____-_____

ADDRESS _____CITY _____ZIP _____

HOME NO. _____ CELL NO._____

YORK MAIL _____

No. of credits taken this semester _____

VICE PRESIDENT_____SS# _____-_____-_____

ADDRESS _____CITY _____ZIP _____

HOME NO. _____ CELL NO._____

YORK MAIL _____

No. of credits taken this semester _____

TREASURER_____ SS# _____-_____-_____

ADDRESS _____ CITY _____ ZIP _____

HOME NO. _____ CELL NO._____

YORK MAIL _____

No. of credits taken this semester _____

SECRETARY_____ SS# _____-_____-_____

ADDRESS _____ CITY _____ ZIP _____

HOME NO. _____ CELL NO._____

YORK MAIL _____

No. of credits taken this semester _____

5. Is a Constitution on file in the Office of Student Activities?

YES _____ NO _____

SIGNATURE SIGNATURE

(If answer is "NO," a Constitution MUST be submitted with this form)

MEMBERS

NAME_____ SS# *(last 4 digits)* _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT NO._____ YORK MAIL _____

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