

**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. _____

EMAIL _____ No. of credits taken this semester _____

VICE PRESIDENT _____ SS# _____ - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

HOME NO. _____ CELL NO. _____

EMAIL _____ No. of credits taken this semester _____

TREASURER _____ SS# _____ - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

HOME NO. _____ CELL NO. _____

EMAIL _____ No. of credits taken this semester _____

SECRETARY _____ SS# _____ - _____ - _____

ADDRESS _____ CITY _____ ZIP _____

HOME NO. _____ CELL NO. _____

EMAIL _____ 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. _____ EMAIL _____

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