



Club Meeting Form

| | |
|-------------------------|----------------------|
| CLUB/ORGANIZATION: | |
| CLUB ADVISOR: | EXT #: |
| DATE OF MEETING: | LOCATION: |
| Attendance | |
| CLUB OFFICERS | OTHER MEMBERS |
| OFFICE NAME | |
| President: | |
| Vice President: | |
| Secretary: | |
| Treasurer: | |
| St. Senate Rep: | |
| | |
| OTHER MEMBERS | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

IF THERE ARE NO SIGNATURES, PLEASE STATE REASON:

| |
|--|
| |
| |
| |

Please return original to Student Activities in B29 (Information Desk) keep a copy for your records. Thank you.

MUST BE RECEIVED MONTHLY OR CLUB FUNDS/STATUS MAY BE JEOPARDIZED.