

# Club Meeting Form

<b>CLUB/ORGANIZATION:</b>	
<b>CLUB ADVISOR:</b>	<b>Ext #:</b>
<b>DATE OF MEETING:</b>	<b>LOCATION:</b>
<b>Attendance</b>	
<b>CLUB OFFICERS</b>	<b>CLUB MEMBERS</b>
<b>President:</b>	
<b>Vice President:</b>	
<b>Secretary:</b>	
<b>Treasurer:</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>CLUB MEMBERS</b>	

**IF THERE ARE NO SIGNATURES, PLEASE STATE REASON:**

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Please email form to [patricia.hyson@jalc.edu](mailto:patricia.hyson@jalc.edu) or drop off a copy to Student Life Office in C207,  
keep original for your records.

**Thank you.**