

ORGANIZATION NAME: _____

OFFICERS

PRESIDENT

NAME STUDENT NUMBER E-MAIL ADDRESS

ADDRESS : _____ PHONE: _____
(STREET) (CITY) (ZIP CODE)

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

YOUR SIGNATURE:

VICE PRESIDENT

NAME STUDENT NUMBER E-MAIL ADDRESS

ADDRESS : _____ PHONE: _____
(STREET) (CITY) (ZIP CODE)

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

YOUR SIGNATURE:

SECRETARY

NAME STUDENT NUMBER E-MAIL ADDRESS

ADDRESS : _____ PHONE: _____
(STREET) (CITY) (ZIP CODE)

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

YOUR SIGNATURE:

TREASURER

NAME STUDENT NUMBER E-MAIL ADDRESS

ADDRESS : _____ PHONE: _____
(STREET) (CITY) (ZIP CODE)

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

YOUR SIGNATURE:
