

OFFICE OF STUDENT LIFE CHARTER MEMBER INFORMATION

This form must be typed.

Club/Organization Name:		
		Cl W. I
Name:	Charter Member	Charter Member
Student Number:		
Telephone Number: Email Address:		
Email Address:		
Name:		
Student Number:		
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Student Number:		
Telephone Number:		
Email Address:		
Advisor Signature		Date: MM/DD/YY
Auvisor signature		Date. 191191/ DD/ 11