

CVTC Student Organization / Program Club Roster

Name of Organization: _____

Please Print

Today's Date: _____

Advisor: _____

Department: _____

E-Mail: _____@cvtc.edu

Phone: _____

Officers:

Name: _____

Position: _____

E-Mail: _____@student.cvtc.edu

Phone: _____

ID#: _____@00

Name: _____

Position: _____

E-Mail: _____@student.cvtc.edu

Phone: _____

ID#: _____@00

Name: _____

Position: _____

E-Mail: _____@student.cvtc.edu

Phone: _____

ID#: _____@00

Name: _____

Position: _____

E-Mail: _____@student.cvtc.edu

Phone: _____

ID#: _____@00

Please add additional pages if needed.

Advisor Signature: _____