

Central Florida Community College
Office of Student Life
Charter Member Information
(This form must be typed.)

Club/Organization Name:	
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1.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

2.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

3.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

4.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

5.	Name:
Student Number:	
telephone Number:	
Email:	
Address:	
City/State/Zip:	

6.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

7.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

8.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

9.	Name:
Student Number:	
Telephone Number:	
Email:	
Address:	
City/State/Zip:	

10.	Name:
Student Number:	
Email:	
Telephone Number:	
Address:	
City/State/Zip:	

Advisor Signature

Date

