

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

Club/Organization Name:	
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President:

Name:
Student Number:
Telephone Number:
Address:
City/State/Zip:
Current Email:

Vice-President:

Name:
Student Number:
Telephone Number:
Address:
City/State/Zip:
Current Email:

Secretary:

Name:
Student Number:
Telephone Number:
Address:
City/State/Zip:
Current Email:

Treasurer:

Name:
Student Number:
Telephone Number:
Address:
City/State/Zip:
Current Email:

Please note that e-mail will be the primary method of communication between the Office of Student Life and your club/organization.

Advisor Signature

Date