COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

OFFICE OF STUDENT LIFE
CLUB/ORGANIZATION
CONTACT INFORMATION

Club/Organization Name:

Advisor

Name:	
Email Address:	
Telephone Number:	
Office Location:	

	President	**Vice President**
Name:		
Student Number:		
Telephone Number:		
Email Address:		

	Secretary	**Treasurer**
Name:		
Student Number:		
Telephone Number:		
Email Address:		

Club Member Name	**Student Number**

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

Advisor Signature

Date: MMDDYY