



Student Organization Membership List

Organization Name _____ Quarter/Year _____

Please have all organization members print their full name, social security number or student ID number, and signature. Also, indicate if the student is an officer in the organization and what office they hold. All students must be currently enrolled, and every officer must have a minimum cumulative GPA of 2.0, (or higher if required by your organization constitution). By signing, students give the Career Services Office permission to verify GPA and enrollment status.

Name	SSN or Student ID#	Signature	Office Held	Verification <i>(for Student Services use only)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Organization Leader Signature _____ Date _____

Advisor Signature _____ Date _____