

_____ Orientation completed _____ Risk Management Training completed

OFFICER ROSTER

ORGANIZATION: _____

DATE SUBMITTED: _____

PLEASE PRINT!

_____ Orientation completed _____ Risk Management Training completed

PRESIDENT

NAME: _____

EMAIL: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date _____

_____ Orientation completed _____ Risk Management Training completed

VICE-PRESIDENT

NAME: _____

E-MAIL: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

_____ Orientation completed _____ Risk Management Training completed

TREASURER

NAME: _____

E-MAIL: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

OFFICER ROSTER (continued)

_____ Orientation completed _____ Risk Management Training completed

SECRETARY

NAME: _____

STUDENT ID #: _____

E-MAIL: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

_____ Orientation completed _____ Risk Management Training completed

OTHER

NAME: _____

E-MAIL: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____

_____ Orientation completed _____ Risk Management Training completed

OTHER

NAME: _____

E-MAIL: _____

STUDENT ID #: _____

ADDRESS, CITY, ZIP: _____

HOME PHONE #: _____ CELL #: _____

SIGNATURE: _____ Date: _____