

## UNIVERSITY OF NOTRE DAME STUDENT ACTIVITIES OFFICE

## OFFICER REGISTRATION FORM PROSPECTIVE CLUBS



Club Name: # of People Interested :								
Ionth of Elections:		Membership Dues (amount	):					
					Rcvd:	By:	C	ode .
CONTACT PERSON Name: (Available during Breaks)				Mailing	Address:			
		E-Mail:						
ADVISOR	First Na	me:	Last Nan	ne:				
ADVISOR	Title (cir	circle one): Fr. Bro. Sr. Dr. Prof. Mr. Ms. Other:				Net ID:		
I agree to serve as advisor for this prospective student c		lub for 2016-2017. Signature:				Date:		
Officer 1 Title/Position:		First Name: Middle Name:			Last Name:			
		Net ID (email):			School:			
Year in school		Month your term expires:	your term expires: Will you be studying abroad next year?  Spring  Fall  N/A					
OFFICER 1 WILL S	ERVE AS	THE CENTRAL SPOKESPERSON FO	OR THE ORGANIZATIO	N. HE/SH	IE MUST L	BE A NOTE	RE DAME ST	UDENT.
Officer 2 Title/Position:		First Name: Middle Name:			Last Name:			
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abroa	ad next yea	ar? 🗖 Sp	oring	□ Fall □ 1	N/A
Officer 3 Title/Position:		First Name: Mi	ddle Name:		Last Nan	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abroa	ad next yea	ar? 🗖 S	pring	□ Fall □	N/A
Officer 4 Title/Position:		First Name: Mi	ddle Name:		Last Nan	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ нсс
Year in school		Month your term expires:	Will you be studying abro	oad next ye	ar?	Spring	☐ Fall	□ N/A
Officer 5 Title/Position:		First Name: M	iddle Name:		Last Nan	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abr	road next y	ear? 🗆 S	Spring	□ Fall	□ N/A
Officer 6 Title/Position:		First Name:	Aiddle Name:		Last Nam	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abr	road next y	ear?	Spring	□ Fall □ N	J/A
Officer 7 Title/Position:		First Name:	Middle Name:		Last Nan	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abr	road next y	ear?	Spring	☐ Fall	□ N/A
Officer 8 Title/Position:		First Name:	Middle Name:		Last Nan	ne:		
		Net ID (email):			School:	□ ND	□ SMC	□ НСС
Year in school		Month your term expires:	Will you be studying abr	road next y	ear?	Spring	☐ Fall	□ N/A