

GRADUATE STUDENT ASSOCIATION

CLUB DATA FORM

NAME OF ORGANIZATION _____

OFFICERS

PRESIDENT _____ VICE-PRESIDENT _____

Department/Degree _____ Department/Degree _____

Campus Address _____ Campus Address _____

Campus Phone _____ Campus Phone _____

Home Phone _____ Home Phone _____

Local Address _____ Local Address _____

Term Expires _____ Term Expires _____

email: _____ email: _____

TREASURER _____ SECRETARY _____

Department/Degree _____ Department/Degree _____

Campus Address _____ Campus Address _____

Campus Phone _____ Campus Phone _____

Home Phone _____ Home Phone _____

Local Address _____ Local Address _____

Term Expires _____ Term Expires _____

email: _____ email: _____

Does your club have a website? _____ YES _____ No

If yes, list address (URL) _____

NUMBER OF MEMBERS _____ HOW MANY ARE GRADUATE STUDENTS? _____

NOTE: YOU MUST FILE A COPY OF THIS FORM WITH THE GSA OFFICE WHENEVER THERE IS A CHANGE IN ANY OFFICER(S) OF YOUR ORGANIZATION. FAILURE TO COMPLY WILL RESULT IN THE FREEZING OF YOUR FUNDS.