



UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.

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CLUB DATA FORM

NAME OF ORGANIZATION_____

OFFICERS

PRESIDENT_____ VICE-PRESIDENT_____

Department/Degree_____ Department/Degree_____

Phone_____ Phone_____

Email_____ Email_____

Term Expires_____ Term Expires_____

TREASURER_____ SECRETARY_____

Department/Degree_____ Department/Degree_____

Phone_____ Phone_____

Email_____ Email_____

Term Expires_____ Term Expires_____

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.