

SUNY MORRISVILLE
Student Government Organization
Club Officer Roster

Fall _____ Spring _____

Date: _____

Print or type Name, Telephone Number, and E-mail address under each position. If your club does not have one or more of the following positions leave the line blank. If you have more Officers please use an additional page.

Club/Organization Name _____

Officers:

President/ Chairman: _____

Vice President/ Vice Chairman: _____

Secretary: _____

Treasurer: _____

Public Relations: _____

Sergeant at Arms: _____

SGO Representative: _____

Alternate SGO Representative: _____

I verify that each of the above listed officers have a cumulative GPA of 2.0 or higher or are a first semester student with no GPA, are in good disciplinary standing and have completed Bystander Intervention Training this year.

Advisor's Name: _____ Signature: _____

Submitted By: _____ Signature: _____

Approved By: _____ Signature: _____