



Student Organization Information

General Information

Date:	Academic Year: _____
Student Organization Name:	_____

Trust Account

Trust Account Name:	_____	Account No.	_____
---------------------	-------	-------------	-------

Organization Representative to Inter-Club Council Meetings

Name:	_____
Phone No.:	(_____) _____ - _____ Ext: _____
Email Address:	_____

Student Members A minimum of four (4) student members are required.

_____	_____	_____	_____
Student Member	Email address	Student Member	Email address
_____	_____	_____	_____
Student Member	Email address	Student Member	Email address

Advisor (s) (must be Moorpark College Faculty or Staff member)

Advisor Name (please print)	Campus Address	Campus Phone No.	Email Address
_____	_____	_____	_____
_____	_____	_____	_____

Signatures

_____	_____	_____	_____
Student Organization Representative	Date	Student Organization Advisor	Date
		_____	_____
		Advisor, Associated Students	Date