

# Iona College Student Organization Roster Form

Date \_\_\_\_\_ Semester \_\_\_\_\_ YEAR \_\_\_\_\_ OSD \_\_\_\_\_ SGA \_\_\_\_\_

Name of Organization \_\_\_\_\_

Please list the information of your five executive board members. If there are additional list on back.

**President/** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Campus/ Home Address** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Class Standing** \_\_\_\_\_

President **MUST** attend weekly **SGA** meetings. If unable to attend please list temporary representative.

**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Vice President/** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Campus/ Home Address** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Class Standing** \_\_\_\_\_

The VP or other executive board member responsible for programming must be attending weekly **GAB** meetings. Please list who that representative will be.

**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Secretary/** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Campus/ Home Address** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Class Standing** \_\_\_\_\_

**Treasurer/** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Campus/ Home Address** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Class Standing** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**Campus/ Home Address** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Class Standing** \_\_\_\_\_

## **Fraternities and Sororities:**

Presidents must attend weekly CGG meetings along with one appointed representative:

**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

ADVISOR: Must be a full time member of the faculty, staff or administration and approved by OSD.

**College Advisor Name** \_\_\_\_\_

Department \_\_\_\_\_

Office Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Total Membership** (APPROXIMATELY) \_\_\_\_\_

\_\_\_\_\_  
(President's Signature)

\_\_\_\_\_  
(Advisor's Signature)