



**SUMMER
CONTACT
LEADERSHIP
FORM**



**THIS FORM IS DUE TO STUDENT DEVELOPMENT BY
FRIDAY, MARCH 13, 2009**

*****Please note a full roster must be completed within the first 3 weeks of the Fall semester for Fall 2009 recognition**

Organization Name: _____

President's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Vice President's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Secretary's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Treasurer's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Advisor's Name: _____

Department _____ Office Telephone # () _____

Summer contact #/Cell # () _____ Summer E-Mail: _____

**PLEASE BE SURE TO DESIGNATE THE E-BOARD MEMBERS
FOR SGA, GAB AND CGG**

Executive Board Position _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Executive Board Position _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Executive Board Position _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Executive Board Position _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____

Executive Board Position _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone # () _____ Cell # () _____ E-Mail: _____