

SKYLINE COLLEGE CLUB/ORGANIZATION ROSTER

Club/Organization Name:

Advisor(s) Name:

(SMCCD Email & Phone):

Officer Name & Position Title:

(SMCCD Email & Phone):

Officer Name & Position Title:

(SMCCD Email & Phone):

Officer Name & Position Title:

(SMCCD Email & Phone):

Official SOCC Representative:

(SMCCD Email & Phone):

Meeting Information:

(Time, Date & Location):

Member Roster

Each person must submit name, G# & email. G#'s are used for student learning outcomes research only.

1. Name: _____ Email: _____ G#: _____
2. Name: _____ Email: _____ G#: _____
3. Name: _____ Email: _____ G#: _____
4. Name: _____ Email: _____ G#: _____
5. Name: _____ Email: _____ G#: _____
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- 13. Name: _____ Email: _____ G#: _____
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- 25. Name: _____ Email: _____ G#: _____
- 26. Name: _____ Email: _____ G#: _____
- 27. Name: _____ Email: _____ G#: _____
- 28. Name: _____ Email: _____ G#: _____
- 29. Name: _____ Email: _____ G#: _____
- 30. Name: _____ Email: _____ G#: _____

Club Rep to SOCC Signature

Date

Club President Signature

Date

Club Advisor Signature

Date

Vice President of the ASSC Signature

Date