

**TRUST ACCOUNT APPLICATION FORM**

Club/Organization Name: \_\_\_\_\_

Advisor: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Club Advisor Signature - must be full-time employee of Skyline College Date

Financial Officer: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Financial Officer Signature Date

President: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
President Signature Date

Purpose for establishing an account with the Associated Students of Skyline College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Account approval date: \_\_\_\_\_ Account number: \_\_\_\_\_

\_\_\_\_\_  
Vice President of ASSC Approval Date

\_\_\_\_\_  
ASSC Bookkeeper Signature Date

\_\_\_\_\_  
Director of Student Development Date