

# SG OFFICERS/MEMBERS UPDATE FORM

Please provide information for all of your officers/members.

Submitter's Name: \_\_\_\_\_ Submitter's Title: \_\_\_\_\_

Dept. or Organization: \_\_\_\_\_ Submitter's E-mail: \_\_\_\_\_

School Name, Campus (& Acronym): \_\_\_\_\_

ASGA Member?  Yes  No (Learn more about joining ASGA at [www.asgahome.org](http://www.asgahome.org).)

Advisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>OFFICERS/MEMBERS</b>				
	<b>NAME</b>	<b>POSITION</b>	<b>TERM OF OFFICE (ex: 20-21)</b>	<b>EMAIL</b>
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**EMAIL COMPLETED FORM TO [MEMBERSHIP@ASGAONLINE.COM](mailto:MEMBERSHIP@ASGAONLINE.COM)**