



Roster of Membership

Please submit this form to the director of student programs.

Organization _____

Today's Date (MM/DD/YY) _____ **Total Number of Members** _____

1. Printed Name _____ ID _____

2. Printed Name _____ ID _____

3. Printed Name _____ ID _____

4. Printed Name _____ ID _____

5. Printed Name _____ ID _____

6. Printed Name _____ ID _____

7. Printed Name _____ ID _____

8. Printed Name _____ ID _____

9. Printed Name _____ ID _____

10. Printed Name _____ ID _____

11. Printed Name _____ ID _____

12. Printed Name _____ ID _____

13. Printed Name _____ ID _____

14. Printed Name _____ ID _____

15. Printed Name _____ ID _____