



**Recognized Student Organization Roster Form
2009-2010 Academic Year
Please Return to the Office of Campus Life
Gemmell Student Complex with the Officer/Advisor Form**
☺☺☺ PLEASE PRINT LEGIBLY ☺☺☺

Organization: _____

Completed By: _____ Phone #: _____ Email: _____

NAME	Clarion University ID #	OFFICE USE ONLY Date Verified on SIS
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*** If your organization has more than 30 members, please use the back***

Revised: 07/21/09

NAME	Clarion University ID #	OFFICE USE ONLY Date Verified on SIS
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Please attach additional paper if necessary

Date Received: _____ Staff Initials: _____

Revised: 07/21/09