THE MOMENT OF DISCOVERY



Student Organization Membership Form

Your organizational membership information is a required component of being an officially recognized organization on the Eureka College campus. The information you provide will be utilized by the Office of Student Life for record keeping purposes and for assessment purposes at the College. According to the Eureka College mission statement, the institution is committed to the cultivation of learning, service, and leadership. By completing this form in a timely manner, you will be providing important information which will assist the college in providing documentation of the significant leadership and involvement activities of Eureka College students.

PLEASE PRINT OR TYPE					
Semester 🗆 Fall	□ Spring	Year			
Name of Organization					
Type of Organization Please select one	□ Greek □ Religious	AcademicPolitical		□ Honor	
If National, Please list Chapter Designation (if applicable)					
Description/Purpose of Organization					
President's Last Name	First Name				
Phone Number		E-mail			
Vice-President's Last Name		First Nam	ie		
Phone Number		E-mail	E-mail		
Organization Advisor ((s)				
Phone Number					
Scheduled Meeting Day	y/Time/Frequency _				
Local Organization His					
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Current Active Members – PLEASE PRINT OR TYPE

	Last Name	First Name		
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President's Signature (required)				
President's Signature (required) Date				
Advisor(s) Signature (required)				
Date				
For Office of Student Life purposes ONLY:				
Date Received:				
Initia	lls:			