Membership Roster for			
Name of Club/Organization:			
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29. _____

30. _____

Associated Student Body ____School

Officer Names and Addresses			
forName of	f Club/Organization		
PRESIDENT:			
	Name		
	Address		
	City, State, ZIP Code		
	Telephone		
VICE-PRESIDENT:			
	Name		
	Address		
	City, State, ZIP Code		
	Telephone		
TREASURER:			
	Name		
	Address		
	City, State, ZIP Code		
	Telephone		

CERTIFICATED ADVISOR:	•	
-	Name	
	Address	# to
	City, State, ZIP Code	
	Telephone	