

CLUB & ORGANIZATION OFFICER CHANGE FORM

California State University, East Bay
Student Life and Leadership Programs
www.csueastbay.edu/slif
(510) 885-3657 | studentlife@csueastbay.edu

Organization (please print the complete name): _____

Type of Organization (check only one): Academic Cultural Greek Honor Society Recreational Religious Special Interest

Purpose of Organization: _____

Affiliations: This organization (is / is not) affiliated with a national, state or local organization.

Name of affiliate organization: _____ Address: _____

If affiliated, a copy of the parent organization's constitution and bylaws must be on file with Student Life and Leadership Programs.

Number of active members: _____ Additional qualifications for membership, if any (e.g., G.P.A.) are: _____

Organization's Horizon Email Address: _____

The term of office for the persons listed below is valid through _____ unless Student Life and Leadership Programs is informed in writing of any changes/elections. **Signatures indicate assumption of responsibilities for compliance with statements above and the conditions listed on the reverse. All officers who have signed below have read and understand those statements, including full liability for all actions of the organization. The persons listed below are empowered by the members of the organizations to reserve facilities and initiate program requests on behalf of the organization and to commit the organization and the organization's resources through the period of time indicated by the term of office above. The primary contact authorizes Student Life Programs to disclose the contact information listed below.**

Primary Contact:

Name (print): _____ Office: _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Note: ID number will not be released

Phone (day) _____ (eve) _____ Email Address: _____

Prefer to be contacted by email: Yes No

Other officers: (in addition to the primary contact – no need to list primary contact a second time). Please indicate in the space below whether Student Life and Leadership Programs can release your contact information. **Student Identification numbers will not be released.**

Office: _____ Name (print): _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Office: _____ Name (print): _____ Signature: _____

Net ID#: _____ Address: _____ City: _____ Zip: _____

Phone (day) _____ (eve) _____ Email: _____

Can contact info be released? Yes No

Agreement to serve as Advisor (all organizations are required to have a campus advisor; a co-advisor from off-campus is optional.)

I hereby agree to serve as an advisor to the above named organization during the term indicated. I realize the responsibility of my role as advisor and will work with the organization officers in maintaining University policies and procedures.

Campus Advisor: _____ Signature: _____

Dept. _____ Phone: _____ Email: _____

Co-Advisor: _____ Signature: _____

Address: _____ Phone: _____ Email: _____

Approved by: _____ Date logged: _____ Bank Card to ASI _____

