STUDENT ORGANIZATION ROSTER

Student Organization Name: _____

Student Organization Number: _____ Academic Year: _____

OFFICERS

Name	Student ID#	Email Address
President:		
Vice President:		
Secretary:		
Treasurer:		
Senate Representative:		
Advisor:		

MEMBERS

Please fill in each due paying member and their student ID number.

If you have any changes to your roster please submit only the new members to: amanda.madson@nwtc.edu

Member Name	Student ID#	Meeting Attendance								
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										