



CLUB/ORGANIZATION CONTACT FORM

*** please print all information clearly ***

Official Club/Organization Name:			
Semester: (Circle)	FALL	SPRING	Year: 2015-2016

Meeting Time:	Meeting Day:	Meeting Location:
Meeting Frequency: (Weekly? Bi-Weekly?)		
*if not weekly, please list all specific meeting dates for web calendar purposes		

LEADERSHIP TEAM

Position	Name	E-mail	Cell
President			
Vice President			
Treasurer			
Secretary			
Advisor (NHCC Employee)			

** All Clubs/Orgs are to have only one advisor unless an exception has been coordinated with Student Life*

Please return this form to the Associate Director of Student Life (Campus Center)