



# Club Registration

Please check only one!  
Undergraduate ( ) Graduate ( )

Academic Year  
20\_\_ / 20\_\_

## Form Must Be Typed

<b>NAME OF ORGANIZATION:</b>			Faculty Advisor:		Academic Dept:
Meeting Day:	Time:	Location:	Club's Office Rm #:	Phone:	

### Names, CUNY ID, Telephone Numbers (include area code), Address (include zip code) & e-mail of the Officers:

<b>President:</b>	CUNY Card ID Number:	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

<b>Vice-President:</b>	CUNY Card ID Number:	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

<b>Secretary:</b>	CUNY Card ID Number:	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

<b>Treasurer:</b>	CUNY Card ID Number:	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

## Baruch College Association, Inc. Expenditure Authorization Signatures

I have read and I am familiar with the applicable fiscal guidelines, rules and regulations of the Bernard M. Baruch College Association, Inc. with regard to the expenditure of student activity fees and I agree to be held responsible for all payment requests submitted for payment.

<b>President (Print):</b>	<b>President's Signature:</b>
<b>Treasurer (Print):</b>	<b>Treasurer's Signature:</b>

### FOR OFFICE USE

Received / OSL: <input type="text"/>	By: <input type="text"/>	Officer Workshops	<input type="text"/>	Date: <input type="text"/>
Processed/OSL: <input type="text"/>	By: <input type="text"/>	Attendance:	<input type="text"/>	Date: <input type="text"/>