

Chapter / Club: _____ Graduating Year: _____

Chapter Club

Election Form (form 1 of 3)

Executive Members

TITLE	NAME	PHONE	SIGNATURE
President			
Email	_____@student.saultcollege.ca		

TITLE	NAME	PHONE	SIGNATURE
Vice President			
Email	_____@student.saultcollege.ca		

TITLE	NAME	PHONE	SIGNATURE
Treasurer			
Email	_____@student.saultcollege.ca		

TITLE	NAME	PHONE	SIGNATURE
Secretary			
Email	_____@student.saultcollege.ca		

TITLE	NAME	PHONE	SIGNATURE
Staff Advisor			
Email	_____@saultcollege.ca		

Chapter / Club: _____ Graduating Year: _____

Chapter Club

Election Form (form 3 of 3)

Consent Form

I have read and understand all the rules, regulations and procedures outlined in the Chapter/Club Package for Sault College. I also understand that I am responsible for ensuring that the rules, regulations and procedures are followed. I realize that any infraction can lead to the cancellation of the Chapter/Club.

TITLE	NAME	SIGNATURE
President		
Vice President		
Treasurer		
Secretary		
Staff Advisor		

SCSU President

Date

