## STUDENT ORGANIZATION MEMBERSHIP ROSTER FORM

Must be submitted to the OSL within two (2) weeks after the first business meeting. \*Due by the end of October of each academic year\*

Name of Organization:

Membership criteria and enrollment procedure \_\_\_\_\_

Membership Fee (optional)

Enrollment number reported to National, State, or Local Chapter \_\_\_\_\_

Membership number for the academic year \_\_\_\_\_

First Name Please Print	Last Name Please Print	Expected Graduation Date	Degree Program Please Print

<b>First Name</b> Please Print	<b>Last Name</b> Please Print	Expected Graduation Date	Degree Program