Baruch College
The City University of New York

Club Registration

Please check only one!
Undergraduate (☐) Graduate (☐)

Academic Year
20 _ _ / 20 _ _

Please Print Legibly:

NAME OF ORGANIZATION:	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:

President:	CUNY Card ID Number: 5081-1902-	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

Vice-President:	CUNY Card ID Number: 5081-1902-	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

Secretary:	CUNY Card ID Number: 5081-1902-	Area Code + Daytime Phone:	
Street Address/Apt. Number:	Boro/Town:	State:	Zip Code:
Baruch Email Address:			

Treasurer:	CUNY Card ID Number: 5081-1902-	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.

President (Print):	**President's Signature:**
Treasurer (Print):	**Treasurer's Signature:**

FOR OFFICE USE

Received / OSL: ☐ By: ☐
Processed/OSL: ☐ By: ☐

Officer Workshops Attendance:
Date:
Date:

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