

# Campus Organization Information Form

Student Association, Inc.  
California University of Pennsylvania  
724-938-4303  
Campus Box # 85

(PLEASE PRINT NEATLY AND SIGN WHERE INDICATED....NO PENCIL IS ACCEPTED)

Organization Name \_\_\_\_\_

Campus Box of Advisor \_\_\_\_\_

<i>Officers</i>	<i>Phone Number</i>	<i>E-mail Address</i>
_____ President	(____) _____ - _____	_____@calu.edu
	_____ Signature of President	
_____ Vice President	(____) _____ - _____	_____@ calu.edu
	_____ Signature of Vice President	
_____ Secretary	(____) _____ - _____	_____@ calu.edu
	_____ Signature of Secretary	
_____ Treasurer	(____) _____ - _____	_____@ calu.edu
	_____ Signature of treasurer	
_____ Advisor	(____) _____ - _____	_____@ calu.edu
	_____ Signature of Advisor	

(please add lines for other elected officers or co-advisors)

When does your organization meet? \_\_\_\_\_

Where does your organization meet? \_\_\_\_\_

**Please circle**

We hold elections in:    **Spring**        **Fall**        **Both**

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**SAI USE ONLY**

Received \_\_\_\_\_

Cost Center \_\_\_\_\_