Office of Student Life

Niagara County Community College

Member and Officer Registration

PLEASE FILL OUT AND RETURN TO STUDENT LIFE EACH SEMESTER

Official Organization Name: _____

Advisor:_____ **Advisor Signature:**_____

OFFICERS

President: _____ **@**_____
Email: _____@mynccc.niagaracc.suny.edu **Term of Office:** _____-_____

Vice President: _____ **@**_____
Email: _____@mynccc.niagaracc.suny.edu **Term of Office:** _____-_____

Secretary: _____ **@**_____
Email: _____@mynccc.niagaracc.suny.edu **Term of Office:** _____-_____

Treasurer: _____ **@**_____
Email: _____@mynccc.niagaracc.suny.edu **Term of Office:** _____-_____

Please list any additional officers below:

Position: _____ **Student Name:** _____
@ _____ **Email:** _____@mynccc.niagaracc.suny.edu

Position: _____ **Student Name:** _____
@ _____ **Email:** _____@mynccc.niagaracc.suny.edu

Position: _____ **Student Name:** _____
@ _____ **Email:** _____@mynccc.niagaracc.suny.edu

MEMBERSHIP ROSTER

All currently matriculated students with three (3) credit hours or more are eligible to join any recognized club or organization.
Student groups must maintain at least eight (8) members to remain in good standing.

N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____
N: _____ **@**_____	**N:** _____ **@**_____