

MEMBERSHIP ROSTER

Club/Organization Name	2:			
Advisor's Name:			Academic Year:	
Club/Organization mem Florida SouthWestern St if they do not meet minir	cate College and have a	2.0 cumulative GPA		
Student Name	Student ID #	FSW Email		Phone Number
By signing below the equirements to participa	_		ll Club/Organizatio	n Members meet the
Advisor's Signature:			Date: _	
Student Engagement 2016	Email form to Stu	dent.Engagement@FSW	/.edu or Retu	urn in person to Q-127