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of Micronesia-FSM Application Form

Academic Year: _____

Name of Club/Organization: _____

Advisor: _____

Campus Ext. _____ Email: _____

Approximate number of members: _____

Regular meetings of the club will be held: (Day) _____

(Place) _____ (Time) _____

Club Officers: Please list three student-members currently enrolled at COM-FSM. These students will serve as the leadership for this club/organization. Once you have three active members you can take a vote for the following three positions: (President, Vice President, and Secretary/Treasury)

Name: _____

Email: _____

Phone No.: _____ Student ID No.: _____

Officer Title: _____

Name: _____

Email: _____

Phone No.: _____ Student ID No.: _____

Officer Title: _____

Name: _____

Email: _____

Phone No.: _____ Student ID No.: _____

Officer Title: _____

***If there are more club members please be sure to add their name, email address, phone no., and student ID no. as well. Also please nominate one representative from the club to attend the Student Government/Body Association (SBA) meeting.**

Signature of Faculty/Staff Advisor: _____

Signature of Director of Student Life: _____

Approval by the Vice President of Student Services: _____