



STUDENT ACTIVITIES FORM
MEMBERSHIP ROSTER

Student Center, Room 519 | activities@tc3.edu | 607-844-8222, ext. 4442

Membership Rosters are required at the beginning of each semester from every active club.

Club Name _____

Date _____ Semester: (circle) Fall or Spring _____ (year)

PRINT THE FULL NAMES of ACTIVITY FEE PAYING STUDENTS who are committed to participating in this organization. You must have at least EIGHT members, NOT INCLUDING CLUB OFFICERS.

NAME

E-Mail Address

- 1. (required) _____
2. (required) _____
3. (required) _____
4. (required) _____
5. (required) _____
6. (required) _____
7. (required) _____
8. (required) _____
9. _____
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13. _____
14. _____
15. _____