Clovis Community College
Club Membership Roster

Name of Club or Organization:
_____

Place and Time of Meetings:
_____

Date:_____ Advisor(s): _____
_____

Semester and Year: FALL_____ SPRING_____ 20_____

CLUB OFFICERS INFORMATION

	Name	ID Number	Phone Number	Email
President				
Vice President				
Secretary				
Treasurer				
Other				

Club Members

Name	ID Number	Phone Number	Email