



Student Life and Leadership/Associated Students of Cuesta College

CLUB OFFICER CHANGE FORM

In accordance with an individual club's constitution and bylaws, this form shall be used to record all changes in personnel for the positions of President and Vice President.

- A. Each person must **print and sign** their name in the space designated below.
- B. The Club Advisor must **print and sign** in the space designated below.
- C. This form will remain on file in the Student Life and Leadership office for the duration of the current academic year.

Club Name: (Please Print) _____

Academic Year: 20____ - 20____

We, the undersigned, agree to the following change(s):

1. Club/organization membership will be open to all Cuesta College students .
- 2. The club/organization will have a student representative at the Inter Club Council meetings upon approval of the club/organization by ASCC.**
3. The club/organization will have as part of its purpose the philosophy of service to the students and to the community of Cuesta College.
4. The club/organization will work in cooperation with other clubs/organizations for the good of the entire Cuesta College community.
5. The club/organization will inform its members of district policies as they relate to clubs/organizations, and will observe these policies in all official activities of the club/organization.

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|--------------------------|------|-----------------------|------------|
| PRESIDENT'S Printed Name | Date | PRESIDENT'S Signature | Cuesta ID# |
|--------------------------|------|-----------------------|------------|

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|-------------------|--------------------------|
| PRESIDENT'S Email | PRESIDENT'S Phone Number |
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|-------------------------------|------|----------------------------|------------|
| VICE PRESIDENT'S Printed Name | Date | VICE PRESIDENT'S Signature | Cuesta ID# |
|-------------------------------|------|----------------------------|------------|

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|------------------------|-------------------------------|
| VICE PRESIDENT'S Email | VICE PRESIDENT'S Phone Number |
|------------------------|-------------------------------|

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|------------------------|------|---------------------|-----------|
| ADVISOR'S Printed Name | Date | ADVISOR'S Signature | Extension |
|------------------------|------|---------------------|-----------|

ADVISOR'S Email _____

FOR OFFICE USE ONLY

All advisor and student names, along with Cuesta ID #s, have been verified by: _____
SL&L Staff Signature Date

This form must be on file in the Student Life and Leadership office on the SLO Campus in order for the club or organization to maintain its active status.

THIS FORM MUST BE UPDATED AS NEEDED.