

LOGAN UNIVERSITY

Student Doctors Council Club Renewal Form

Trimester/Year (i.e. Spring 2014): _____

Club/Organization: _____

Purpose: _____

President: _____ Trimester: ____ Contact Number: _____

Vice President: _____ Trimester: ____ Contact Number: _____

Secretary: _____ Trimester: ____ Contact Number: _____

Treasurer: _____ Trimester: ____ Contact Number: _____

Meeting Day(s): 1st Choice: _____ 2nd Choice: _____

Meeting Time: _____

Meeting Room: 1st Choice: _____ 2nd Choice: _____

Signatures:

Faculty Advisor: (please print): _____

Faculty Advisor Signature: _____

Student Doctors Council President Signature: _____

Dean of Student Services Signature: _____

List of All Active Members:

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |