



Student Organization Signature Card

Please Fill Out and Return to the Office of Student Activities

W036 Student Union (937) 775-5570

www.wright.edu/studentactivities

Organization Name: _____

SIGNATURES REQUIRED:

President's Name: _____

President's Signature: _____

Address: _____

Phone: _____

Treasurer's Name: _____

Treasurer's Signature: _____

Address: _____

Phone: _____

Advisor's Name: _____

Advisor's Signature: _____

Address: _____

Phone: _____

The above named people are the only ones authorized to sign for withdrawals from your on-campus WSU student organization account. Request(s) for withdrawal must be processed through the Office of Student Activities.

Date Received: _____

Representative / Student Activities: _____