College of the Canyons
Office of Student Development

Membership Roster Form

Please type or print all information clearly!

Date:_____ Semester: _____

Name of Club/Organization: _____

Please list below the names and COC student ID number for each member in your organization:

NAME:	COC ID#:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

I hereby certify that the information that has been provided in this document is true and correct to the best of my knowledge.

Signed: _____ _____
Club or Organization President/Chair Faculty or Staff Advisor

_____ _____
Office of Student Development ASG Vice President of Inter Club Council

Rev. 11/05 kad