

CONTACT FORM

CONSTITUTION OF

(Name of Student Organization)

Advisor's Name

Phone Number

Date

President's Name

Phone Number

Date

Secretary's Name

Phone Number

Date

**FIVE GROUP MEMBERS WHO ARE CURRENTLY ENROLLED
STUDENTS AT UNK**

Student's Name

Phone Number

Date

Student's Name

Phone Number

Date

Student's Name

Phone Number

Date

Student's Name

Phone Number

Date

Student's Name

Phone Number

Date

FOR SENATE USE ONLY

Constitution Received _____

Date

Constitution Approved _____

Date

Selection Chair's Signature

Date