

Club Signature Sheet 2026-2027

Club Name: _____

Effective Dates: 07/01/2026 To 09/30/2027

Please designate at least three members/officers, in addition to your advisor, who will be responsible for authorizing the spending of club funds by providing their signatures.

Advisor must be a full-time CWU staff or faculty member.

***This field must be completed for the form to be valid.**

*Advisor Name	*CWU email	Phone number

*Name	*CWU email	*Phone number	*Office/Position

*Name	*CWU email	*Phone number	*Office/Position

*Name	*CWU email	*Phone number	*Office/Position

Name	CWU email	Phone number	Office/Position

Name	CWU email	Phone number	Office/Position

Name	CWU email	Phone number	Office/Position

Name	CWU email	Phone number	Office/Position

PLEASE NOTE: If a club remains inactive for three or more consecutive years, any remaining funds in the club's account will be transferred to an appropriate university account. This helps ensure that funds from inactive clubs can continue to support current club activities and programs.