

Club Signature Sheet 2025-2026

Club Name: * _____

Effective Dates: From * _____ To 09/30/2026

Please designate at least two members/officers (in addition to your advisor) to be responsible for authorizing via signature the spending of Club funds. Please list your advisor below.

* Required field for sheet 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

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