OFFICER OR ADVISOR CHANGE FORM
FOR REGISTERED ORGANIZATION 2012-2013

Name of Organization: ____________________________________________________________

Name of Past President: __________________________________________________________

Name of New President: __________________________________________________________

Name of Past C0-President: ______________________________________________________

Name of New Co-President: ______________________________________________________

Name of Past Treasurer: _________________________________________________________

Name of New Treasurer: _________________________________________________________

* If new Treasurer you will need to fill out the attached sheet and return to the Finance office for their records

Name of Past Advisor: ____________________________________________________________

Name of New Advisor: ____________________________________________________________

Department _________________________________________________________________

Local Address (Including ZIP): _________________________________________________

___________________________________________________________________________

Preferred Phone: __________________________________________________________________

Washburn E-mail Address: __________________________________________________________________

Name of Past Co-President: ______________________________________________________

Name of New Co-President: ______________________________________________________

Name of Past Treasurer: _________________________________________________________

Name of New Treasurer: _________________________________________________________

* If new Treasurer you will need to fill out the attached sheet and return to the Finance office for their records

Name of Past Advisor: ____________________________________________________________

Name of New Advisor: ____________________________________________________________

Department _________________________________________________________________

Local Address (Including ZIP): _________________________________________________

___________________________________________________________________________

Preferred Phone: __________________________________________________________________

Washburn E-mail Address: __________________________________________________________________

___________________________________________________________________________

President’s Signature ______________________ Date ____________________________

Campus Advisor’s Signature ______________________ Date ____________________________

Please sign below and return to Angela Valdivia the Office of Student Activities & Greek Life on the lower level of the Memorial Union. This form may also be e-mailed as an attachment to angela.valdivia@washburn.edu