



**Financial Roster Form**  
**De Anza College**  
**Inter Club Council (ICC)**

**Section A: Club Information**

Club Name: \_\_\_\_\_

Club Account Number (if existing): \_\_\_\_\_ Club Email Address: \_\_\_\_\_

Club Membership Fee (if applicable): \$ \_\_\_\_\_ Total Number of Active Club Members: \_\_\_\_\_

Club Website (if applicable): \_\_\_\_\_

Club Social Media Accounts (List all platforms and handles): \_\_\_\_\_

\_\_\_\_\_

**Section B: Club Advisor Information**

At least one (1) Club Advisor is required. You may list up to three (3) advisors. **Advisor signatures required on page 3.**

Club Advisor 1 (Required):     Full-Time Faculty     Part-Time Faculty     Classified Staff

Full name: \_\_\_\_\_ Department: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Club Advisor 2 (Optional):     Full-Time Faculty     Part-Time Faculty     Classified Staff

Full name: \_\_\_\_\_ Department: \_\_\_\_\_

Full-Time Faculty     Part-Time Faculty     Classified Staff

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Club Advisor 3 (Optional):     Full-Time Faculty     Part-Time Faculty     Classified Staff

Full name: \_\_\_\_\_ Department: \_\_\_\_\_

Full-Time Faculty     Part-Time Faculty     Classified Staff

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Section C: Club Officers

- Officer titles and quantity must match the club constitution
- All officers must meet any unit requirements stated in the constitution
- Minimum of four (4) unique officers is required. Maximum of seven (7) officers allowed.

### 1. President / Co-President

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 2. Co-President Vice President

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 3. Treasurer

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 4. Secretary

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 5. ICC Representative (if duplicate, put name only)

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 6. Additional Officer position (please specify): \_\_\_\_\_

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 7. Additional Officer position (please specify): \_\_\_\_\_

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section D: Certification & Signature

By signing below, I affirm that all information provided in this Financial Roster Form is true, accurate, and complete to the best of my knowledge.

### Club Advisor(s):

Name (Print):

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Signature (ink only):

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### Club Officers:

Name (Print):

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Signature (ink only):

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