College of Western Idaho

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CLUB INFORMATION FORM

To be completed by all Clubs and Organizations prior to access to their club account.

GENERAL INFORMATION

Club/Organization Name: _____

Semester/Meeting Time/Location: _____

ADVISOR INFORMATION

Name _____ **Position** _____

Phone _____ **Department** _____

CWI Email _____

CLUB/ORGANIZATION MEMBERS

Name	Phone	Email