



Club Account Authorization List Form

Club Name: _____

Date of Authorization: _____ For School Year: _____

Club Advisor (approving actions below):

Name: _____

Signature: _____

This is to certify that the following individuals are club officers and/or are authorized to view and make changes to this club's account during the school year provided.

Officers:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Others Authorized:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____