



Student Affiliated Organization (SAO) Information Sheet

1. Official SAO Name: _____
2. Official SAO Mailing Address:
 - a. P.O. Box/Street Address: _____
 - b. City, State, Zip: _____
3. Proposed SAO Officers for the _____ School Year:

Office Held: President		
Printed Name:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Office Held: Vice-President		
Printed Name:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Office Held: Treasurer		
Printed Name:		
Mailing Address:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		