CLUB OFFICER CERTIFICATION FORM

ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • Fax: 334-944-4002

Club Name: ________________________________________________________________

Office Desired: ________________________ Class of: ______________

Academic Program: ________________________ Class Level: ______________________

Last Name: ___________________________ First Name: _____________________ Middle: ______

Student ID No.: _________________________ Phone number: ________________________

Student Signature: _______________________ Date: ______________________________

CERTIFICATION

Student meets the minimum standards to serve as an officer of the above listed club/organization

Authorized Signature: __________________________________________________________

Date: __________________________