ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE

Official Club Information Form

Name of Organization_____

Name of Advisor_____

Advisor's Department_____

E-Mail_____ Telephone Extension_____

Description/Purpose of Organization_____

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Criteria for Membership_____

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Number of Members_____

National Affiliation_____

National Dues $_____

Local Dues $_____

Frequency of Meetings_____

***Club Officers*:**

NAME	TITLE (if applicable)	SIGNATURE