

SIGNING OFFICER REGISTRATION

Course Unions, Student Groups, & Affiliate Groups



Group Name:
no acronyms

Group E-Mail:

SIGNING OFFICER 1 - President or Head of Organization

Full Legal Name:

Preferred Name:

Position
in Group:

Mailing
Address

Apartment #

Street Address

City

Province

Postal Code

Email:

@torontomu.ca

Phone: () -

SIGNING OFFICER 2 - VP Finance / Finance Officer

Full Legal Name:

Preferred Name:

Position
in Group:

Mailing
Address

Apartment #

Street Address

City

Province

Postal Code

Email:

@torontomu.ca

Phone: () -

SIGNING OFFICER 3

Full Legal Name:

Preferred Name:

Position
in Group:

Mailing
Address

Apartment #

Street Address

City

Province

Postal Code

Email:

@torontomu.ca

Phone: () -

We, the undersigned, confirm we are the official signing officers for the campus group identified at the top of this form, and acknowledge we are responsible for adhering to all TMSU financial and group policies.

Signing Officer 1

Signing Officer 2

Signing Officer 3

OFFICE USE ONLY:

Received by:
print name

Date Received

C.G. Coordinator
Signature