



STUDENT ACTIVITIES ASSOCIATION SIGNATURE FORM

Fall _____ Spring _____

Student Organization

Room Number

I am familiar with the applicable fiscal guidelines, rules of the John Jay College Association, Inc. with regard to the expenditure of student activity fees and agree to be held responsible for all payment requests submitted for payment.

President (Print)

Signature

Date of Birth

John Jay E-mail

Area Code + Phone #

Treasurer (Print)

Signature

Date of Birth

John Jay E-mail

Area Code + Phone #

Faculty Advisor (Print)

Signature

Department

John Jay E-mail

Area Code + Phone #

Return this form to: The Office of Student Life Room L2.71.00 ♦ (212) 237-8698
♦studentlife@jjay.cuny.edu