

UNIVERSITY OF WINDSOR STUDENTS' ALLIANCE SIGNATURE PAGE

Orga	nization Name:			Submission Date:	MM/DD/YYYY
PRESIDENT					
Name:					
School Address	Address:			Postal Code:	
	City:			Province:	
Summer Address	Address:			Postal Code:	
	City:			Province:	
Phone:			Email:		
Signature			Student ID		
VICE PRESIDENT					
Name:					
School Address	Address:			Postal Code:	
	City:			Province:	
Summer Address	Address:			Postal Code:	
	City:			Province:	
Phone:			Email:		
Signature			Student ID		
TREASURE					
Name:					
Summer School Address Address	Address:			Postal Code:	
	City:			Province:	
	Address:			Postal Code:	
	City:			Province:	
Phone:			Email:		
Signature			Student ID		