



RED RIVER COLLEGE

STUDENTS'
ASSOCIATION

VP Internal

Tel: 204.632.2070
Fax: 204.632.7896
Email: sa_internal@rrc.ca



CLUBS

CLUB TRANSFER

Club Name: _____ New Club Name (if applicable): _____
Program (Set Club): _____ Academic Year: _____
Staff Contact (Academic Club): _____

Current Signing Officers

Note: Upon signing, signing officers acknowledge they agree to relinquish all control of the above club to the new officers.

President:

Name: _____

Student #: _____

Signature: _____

Date: _____

Vice President:

Name: _____

Student #: _____

Signature: _____

Date: _____

Secretary:

Name: _____

Student #: _____

Signature: _____

Date: _____

Treasurer:

Name: _____

Student #: _____

Signature: _____

Date: _____

New Signing Officers

Note: By signing, signing officers acknowledge that they understand and agree to the rules set out in the club policies.

President:

Name: _____

Student #: _____

Email: _____

Phone: _____

Program: _____

Grad Date: _____

Signature: _____

Date: _____

Vice President:

Name: _____

Student #: _____

Email: _____

Phone: _____

Program: _____

Grad Date: _____

Signature: _____

Date: _____

Secretary:

Name: _____

Student #: _____

Email: _____

Phone: _____

Program: _____

Grad Date: _____

Signature: _____

Date: _____

Treasurer:

Name: _____

Student #: _____

Email: _____

Phone: _____

Program: _____

Grad Date: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Approval Signature: _____

Date: _____