



Thompson Rivers University Students' Union

Local 15 Canadian Federation of Students
patel@trusu.ca | 250.828.5289 | trusu.ca/services/clubs

Club Registration Form

Club Name: TRUSU _____ Club

Club Email Address: _____

Club Website: *(If Any)* _____

Club Facebook: *(If Any)* facebook.com/ _____

Club Twitter Account: *(If Any)* @ _____

Aims and Purposes:

(Will be listed online as the description of your club upon ratification)

Signing Authorities *(*Required Information):*

Name (please print)*

Phone Number*

Email*

Signature*

Student Number*

Name (please print)*

Phone Number*

Email*

Signature*

Student Number*



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List of Supporters (minimum of 50): TRUSU _____ Club

Name	Student #	Signature	Email

Faculty or Staff Advisor (Optional) :

Name (please print)

Faculty/Department

Email

Signature

*****For Office Use Only*****

Date Received: _____

Receiver Name: _____

Receiver Signature: _____

Submitted to Council: _____