



# Thompson Rivers University Students' Union

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

## Club Renewal Form

Club Name: TRUSU \_\_\_\_\_ Club

Academic Term: 20\_\_ / 20\_\_

Club Email Address: \_\_\_\_\_

Club Website: *(If Any)* \_\_\_\_\_

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

Club Twitter Account: *(If Any)* @ \_\_\_\_\_

Aims and Purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signing Authorities

\_\_\_\_\_  
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 10):

Name	Student #	Signature	Email

## Faculty/Staff Advisor (Optional) :

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Faculty/Department

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

### \*\*\*For Office Use Only\*\*\*

Date Received: \_\_\_\_\_

Receiver Name: \_\_\_\_\_

Receiver Signature: \_\_\_\_\_