Organization Name:	-				
Semester: Constitution Submitted:	Fall Spring	Year:		-	
Advisor Letter Submitted:	ID Number	Last Name	First Name	MI	Cell Phone #
Student Gov. Rep:					
President:					
Vice President:					
Presence Admin:					
Secretary:	-	-			
Treasurer:	-				
Advisor:					
Members:	-				
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Members:	ID Number	Last Name	First Name	MI
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