



ISI ASSOCIATED GROUP ROSTER

DATE _____

NAME OF GROUP _____

SCHOOL _____

CAMPUS MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESIDENT/CHAIRMAN
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____
GRAD YEAR/MAJOR _____

VICE - CHAIR
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____
GRAD YEAR/MAJOR _____

POSITION: _____
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____
GRAD YEAR/MAJOR _____

POSITION: _____
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____
GRAD YEAR/MAJOR _____

FACULTY ADVISOR INFORMATION (IF AVAILABLE)	
NAME _____	DEPT _____
MAILING ADDRESS _____	
CITY/STATE/ZIP _____	
EMAIL _____	PHONE _____