



DE ANZA COLLEGE INTER CLUB COUNCIL
CLUB FINANCIAL ROSTER FORM

ICC Advisor Approval
_____ Signature/Date

Submit this form using the ICC Financial Roster Microsoft Form

<https://forms.office.com/r/k7yf67VNzb>

(USE INK NOT PENCIL TO COMPLETE THIS FORM)

By submitting this form via the designated submission link, you confirm that all signers, meet the eligibility requirements outlined in the ICC Code.

A. Club Name:	
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Club Account Number:	
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Club Email:	
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B. Club Advisor:

Print First Name	Print Last Name	Club Advisor Ink Signature

Mailbox (please check one):	<input type="checkbox"/>	Full Time Faculty	<input type="checkbox"/>	Part Time Faculty	<input type="checkbox"/>	Classified
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Department Name:	
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Phone Number:	
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Club Advisor Email:	
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Club Advisor (If applicable):

Print First Name	Print Last Name	Club Advisor Ink Signature

Mailbox (please check one):	<input type="checkbox"/>	Full Time Faculty	<input type="checkbox"/>	Part Time Faculty	<input type="checkbox"/>	Classified
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Department Name:	
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Phone Number:	
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Club Advisor Email:	
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Club Advisor (If applicable):

Print First Name	Print Last Name	Club Advisor Ink Signature

Mailbox (please check one):	<input type="checkbox"/>	Full Time Faculty	<input type="checkbox"/>	Part Time Faculty	<input type="checkbox"/>	Classified
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Department Name:	
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Phone Number:	
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Club Advisor Email:	
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F. Club Membership Fee: Amount per quarter \$ _____ Amount per year \$ _____

G. Total # Number of Club Members: _____