APPLICATION FOR ESCOM SPONSORED CLUB

ESCOM

Emeritus Students College of Marin

Request for New Club S p Statement of Purpose: (Dis	-	tc.)		
Preferred Meeting Day &	Time:			
Location: (ESCOM Center,	other)			
Chairperson & Club Mer	nber Information:			
Name:		Address:		
Phone:		Email:		
Alternate contact person:		Phone:	Email	
Clubs must conform to the ESCOM is a non-partisan of the Proposed Members: # Name 1	organization. ESCOM may Address	not endorse any indivi Pho	one Number	, partisan or non-partisan. Email Address
Z				
3				
4 5				
6				
List additional members o	n an attached page.			
ESCOM Council approval			_	
D	Date		Date	