

COFO ACCOUNT APPLICATION FORM

NEW ACCOUNT NAME: _____

DESCRIPTION OF ORGANIZATION:

PRIMARY SOURCE OF FUNDING (e.g fundraising, school support, activity fees):

SCHOOL/ ACADEMIC DEPT _____

OFFICERS:

PRESIDENT

(PRINTED NAME)

(SIGNATURE)

(E-MAIL ADDRESS)

TELEPHONE

TREASURER

(PRINTED NAME)

(SIGNATURE)

(E-MAIL ADDRESS)

TELEPHONE

ADVISOR

(PRINTED NAME)

(DEPARTMENT NAME / PHONE NUMBER)

(SIGNATURE) _____