

# ASSOCIATED GROUP ROSTER

DATE: \_\_\_\_\_ GROUP CONTACT PERSON: \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_ GROUP EMAIL: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

GROUP MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Please fill out this form and as many additional forms as necessary to supply ISI with all members of the group. Or, please submit an excel document containing the following fields: first name, last name, position, email, graduation date, city, state, zip code.

## *FACULTY ADVISOR*

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FIELD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## *MEMBERS*

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_