



Student Organizations General Membership Meetings

Student Org name _____

Contact for Meetings _____ @student.oaklandcc.edu
NAME EMAIL

Semester (check boxes) Fall Winter Spring/Summer Year _____

Day of week	Date	Time (Start/End)	Campus	Location (Room Number)	Zoom Link

ADVISOR SIGNATURE _____

DATE _____

Once complete, send the form to studentengagement@oaklandcc.edu