



INDIANA UNIVERSITY
OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

ADVISOR CONTACT FORM

NAME OF ORGANIZATION

ADVISOR'S CONTACT INFORMATION

NAME: _____

CAMPUS ADDRESS: _____

_____ ZIP _____

TELEPHONE # _____

IU E-MAIL: _____

DATE: _____

By accepting the role of Advisor for the named student organization, I understand I am agreeing to ensure appropriate use of all organization's funds.