

CLUB INFORMATION***to be completed by organizational advisor***

Club Name _____

Meeting Location/s _____

Number of years club has been in existence _____

Advisor Name(s) _____

Primary Contact Person _____

Primary Contact Person's Phone Number _____

Email (**REQUIRED**) _____

Primary Projects _____

Do you accept new members Yes Not at this timeDo you accept Cloverbuds Yes Not at this timeOK to give your contact information to prospective new members? Yes No

Contact Information for new members _____

**THE OHIO STATE UNIVERSITY**COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES**athens.osu.edu**CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information, visit cfaesdiversity.osu.edu. For an accessible format of this publication, visit cfaes.osu.edu/accessibility.