Name of Proposed Organization:	Date:
I acknowledge that I am a full time student at WPI, a	and support the establishment of this organization.

	Printed Name	Signature	Local Address
	Printed Name	Signature	(Please do not use 100 Institute Road, use a residence hall room number for on campus residence)
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	Printed Name	Signature	Local Address (Please do not use 100 Institute Road, use a residence hall room number for on campus residence)
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	<b>Printed Name</b>	Signature	Local Address (Please do not use 100 Institute Road, use a residence hall room number for on campus residence)
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