Change of Activity Group Contacts

Group Name: _____

Please provide photocopies of your committee members' student cards and attach these to the back. Only hand in this form when fully completed with copies of student cards attached. Incomplete forms will not be accepted.

Providing a contact email will allow LUU to contact you with up-to-date information crucial to the running of your group. **The president's email may be passed onto people interested in joining your group.**

Complete in block capitals

President / Captain

Forenames	**Surname**
Address	**Mobile** **Telephone** **Department**
Post Code	**Student No**
Email	

Secretary

Forenames	**Surname**
Address	**Mobile** **Telephone** **Department**
Post Code	**Student No**
Email	

Treasurer

Forenames	Surname
Address	Mobile Telephone Department
Post Code	Student No
Email	

President / Captain

I am responsible for overseeing the running of the group and will be the main contact for the ARC and the rest of the LUU.

Signed: _____ **Print Name: _____**

Secretary

I am responsible for keeping all committee contact details up-to-date with the ARC and being the 2nd point of contact for the ARC and the rest of the LUU.

Signed: _____ **Print Name: _____**

Treasurer

I am responsible for the group bank accounts and all transactions.

Signed: _____ **Print Name: _____**

Date Committee Begins: **Date Committee Ends:**

For Office Use Only

Student Card Photocopy Provided	
Fully Completed Details	
Information Input to Database	

Signed: _____ **Print Name: _____**

Date: