

School Year: Fall 2016 – Spring 2017

Howard University
Office of Student Activities

CENSUS FORM
FOR RECOGNIZED STUDENT ORGANIZATIONS

Directions: Please complete this form in its entirety and return it to the Office of Student Activities, Suite 117 Blackburn Center each school year or in the case that the information changes.

I. CONTACT INFORMATION (List any local address and phone number that your organization has secured along with the president's address.)

Organizational Name: **LADIES OF THE QUAD SOCIAL CLUB**

President's Name/ ID: **PAMELA MONDANE @02730502**

Organization Mailing Address:

2400 Sixth Street, NW

Washington, DC 20059

Phone Number: **(773) 294-3728**

Email: **1985loqsc@gmail.com**

Alternate Mailing Address:

1253 W. 73rd Place

Chicago, IL 60636

Phone Number: **(773) 294-3728**

Email: **pamelamondane@gmail.com**

II. OTHER OFFICERS (Vice President, Secretary, Treasurer) Required

Position	Student Name and ID	Phone Number	Email
Vice President	Brittany Scott @02710999	4348065314	bmscott.95@gmail.com
Secretary	VaSeana Moran @02730509	5025335567	vaseana.moran@gmail.com
Treasurer	Betel Asfaha @02787086	2024683713	betel.asfaha@gmail.com
Special Events	Kaila Holloway @02731588	5047178391	kailaholloway2@gmail.com
Parliamentarian	Chanel Allen @02720376	8707188311	allenchanel17@gmail.com
Service Chair	Bryce Gantt @02710889	2162569507	brycegantt@yahoo.com
Historian	Maya Reese @02772114	7734370427	maya11reese@gmail.com
Public Relations	Sydne Barard @02779362	2253289493	sydnebarard@yahoo.com

III. STATISTICAL INFORMATION (the following information is required every year)

Organization Average GPA: **3.45**

Updated Constitution/By-Laws submitted and date: **May 6, 2016** Typed

Membership Roster submitted and date: **May 6, 2016**

Election date: **April 18, 2016**

IV. ON-CAMPUS ADVISOR (Required)

Name/ Department/ Position

Phone Number

Email

V. NATIONAL AFFILIATION (If Applicable)

Contact Name/ Title

Phone Number

Email

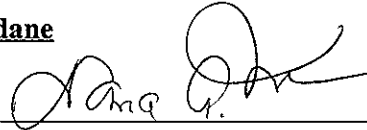
The following consent statement should only be signed by the President or Chief Executive Officer of the organization. As Chief Executive Officer of the above named organization, I grant permission for my name, and if needed my contact information to be printed in publication from the Office of Student Activities, and/or released to the general public.

I understand that an electronic signature legally binds this document and represents my physical signature,

E-Signature: Pamela L. Mondane Date Submitted: 05-06-16

Name (Print) : Pamela Mondane

On-campus advisor signature



Date:

05/18/16