

# SCHEDULE SIXTEEN

## EXPRESSION OF INTEREST TO AFFILIATE A BODY

**NAME OF CLUB/ SOCIETY:** \_\_\_\_\_

**PLEASE TICK TYPE OF CLUB:**

Subsidised       Non-St Lucia campus based

THE AIMS OF THE CLUB/ SOCIETY/ ASSOCIATION: (MINIMUM OF THREE REQUIRED):

- Aim 1 \_\_\_\_\_  
\_\_\_\_\_
- Aim 2 \_\_\_\_\_  
\_\_\_\_\_
- Aim 3 \_\_\_\_\_  
\_\_\_\_\_
- Other Aims (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST HOW THE CLUB WILL ACHIEVE THE ABOVE AIM:

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## LIST OF STUDENTS WHO SUPPORT THE AFFILIATION OF THIS CLUB:

(See R186 for minimum number of signatures required)

	NAME	STUDENT NUMBER	SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____
32.	_____	_____	_____
33.	_____	_____	_____
34.	_____	_____	_____
35.	_____	_____	_____

## CONTACT DETAILS

**CONTACT NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**POSTCODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MOBILE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_