



Changeover Sign Off Sheet

By signing this you agree you have handed over all information or received information for your position.

Title	OUTGOING	INCOMING
President	_____ PRINTED NAME	_____ PRINTED NAME
	_____ DATE	_____ DATE
	_____ SIGNATURE	_____ SIGNATURE
Vice-President	_____ PRINTED NAME	_____ PRINTED NAME
	_____ DATE	_____ DATE
	_____ SIGNATURE	_____ SIGNATURE
Treasury	_____ PRINTED NAME	_____ PRINTED NAME
	_____ DATE	_____ DATE
	_____ SIGNATURE	_____ SIGNATURE
Secretary	_____ PRINTED NAME	_____ PRINTED NAME
	_____ DATE	_____ DATE
	_____ SIGNATURE	_____ SIGNATURE
	_____ PRINTED NAME	_____ PRINTED NAME
	_____ DATE	_____ DATE

SIGNATURE

SIGNATURE