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l,		(name),
agree to perform the duties of		(position)
for the	(chapter name) Executiv	'e Committee.
I understand that by agreeing to be		(position),
I am bound by the terms and requirements as out	tlined in the Alumni Chapters Manual, wh	ich may
change from time to time with prior notice provid	ded. Furthermore, I acknowledge that I an	n to act in the
best interests of Ghent University at all times.		
I understand and agree that the University may, in immediate effect if I fail to adhere to the Alumni of the University at all times.		
In signing this agreement, I agree to be appointed	d to my position of for a period of 3 years	5
from	to	(date).
Alumni Representative Name		
Alumni Representative Signature & Date		
Alumni Coordinator Name		
Alumni Coordinator Signature & Date		

