

Annual Chapter Board Membership Report:

To be returned to the Office of Alumni Relations before July 1.

Chapter Name: _____

Chapter Liaison: _____

Submitted By: _____

Email: _____

President

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Treasurer

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Vice President

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Committee Chairs & Key Volunteers

Communications

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Secretary/Recorder

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Events

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Membership

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Web site

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Other: _____

Name: _____

Home Address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Class Year: _____ Major: _____

Other: _____

Name: _____

Home Address: _____

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Class Year: _____ Major: _____

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Photocopy this page as needed.