

Delta Sigma Delta

Undergraduate Chapter Scribe's Annual Report for _____ Chapter for _____

Due Jan 20 of each calendar year. Please type or print clearly.

Chapter Name

Year

Officers Contact Information

Please provide the names, email address, and phone numbers for your officers.

<u>Name</u>	<u>Position</u>	<u>Email Address</u>	<u>Phone</u>
_____	Grandmaster	_____	_____
_____	Worthy Master	_____	_____
_____	Treasurer	_____	_____
_____	Scribe	_____	_____
_____	Historian	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Membership Roster

Please provide the following membership information for all members in last name alphabetical order, even if they have been listed in the previous Officer Contact section. If you need more room, please duplicate this page as needed, use the back of this page, or email the document with this information to the Supreme Scribe.

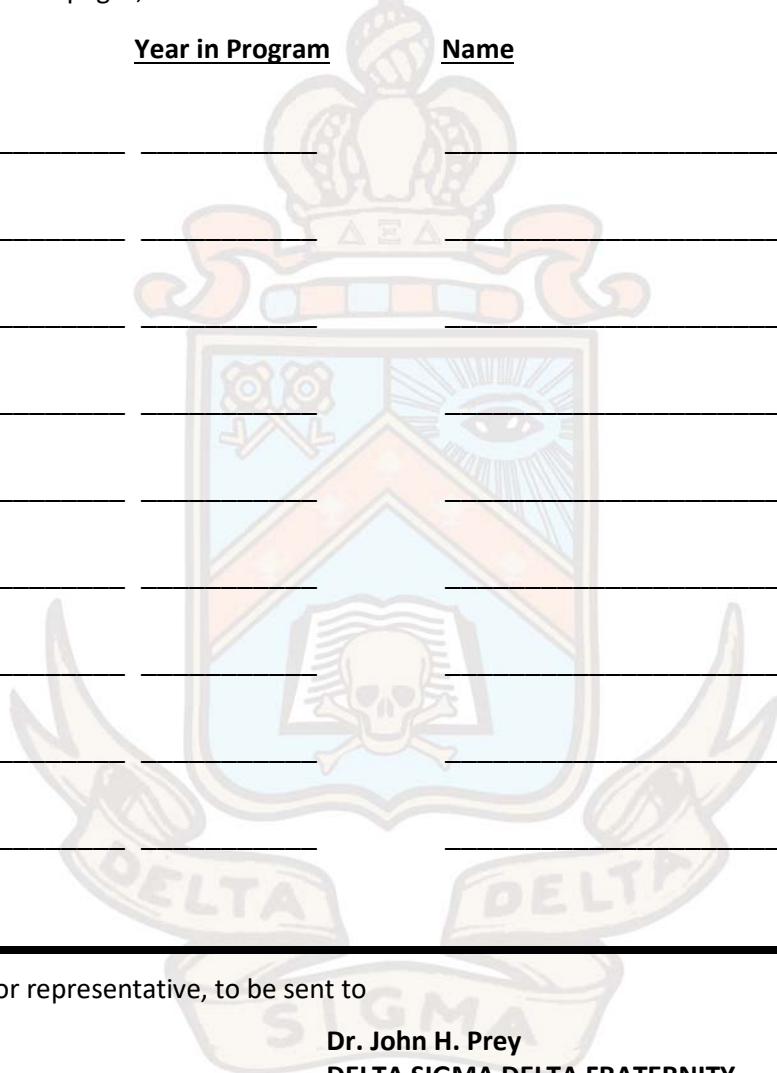
<u>Name</u>	<u>Email Address</u>	<u>Phone</u>



Dismissed Members

Please list the members that have been dismissed, withdrawn, or departed from the chapter, along with their current year (e.g. D1, D2, D3, D4, etc.) If you need more room, please attach appropriate pages, or email the document with this information to the Supreme Scribe.

<u>Name</u>	<u>Year in Program</u>	<u>Name</u>	<u>Year in Program</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Return this report to chapter officer or representative, to be sent to

Please retain a copy for your records

**Dr. John H. Prey
DELTA SIGMA DELTA FRATERNITY
296 15th Avenue
Nekoosa, WI 54457
United States of America**