

DELTA SIGMA DELTA

ANNUAL REPORT OF THE UNDERGRADUATE CHAPTER SCRIBE

Date Due: June 1

Date received in Supreme Scribe's Office

It is of the utmost importance that this form and the information requested be provided in an accurate and timely manner. Please realize that all members for any part of this reporting period should be included. If an individual has been dismissed, include them also and indicate that they were dismissed.

Please type or print clearly.

For the 12th Month Ending

Chapter

Chapter Officers for the Ensuing Year

Grand Master

Last Name First Name Middle

Address

City State ZIP Code

Email address Telephone #

Worthy Master

Last Name First Name Middle

Address

City State ZIP Code

Email address Telephone #

Scribe

Last Name First Name Middle

Address

City State ZIP Code

Email address Telephone #

Treasurer

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
Email address	<input type="text"/>		Telephone #	<input type="text"/>	

Historian

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
Email address	<input type="text"/>		Telephone #	<input type="text"/>	

Senior Page

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
Email address	<input type="text"/>		Telephone #	<input type="text"/>	

Junior Page

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
Email address	<input type="text"/>		Telephone #	<input type="text"/>	

Tyler

Last Name First Name Middle

Address

City State ZIP Code

Email address Telephone #

Deputy and Assistant Deputies for Ensuing Year

Deputy

Assistant Dep.

Assistant Dep.

Assistant Dep.

Assistant Dep.

List names of "dismissed" members for the reported period

Last Name

First Name

Initial

Last Name

First Name

Initial

Last Name

First Name

Initial

Last Name

First Name

Initial

Last Name

First Name

Last Name

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Last Name

First Name

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Last Name

First Name

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Last Name

First Name

Initial

Last Name

First Name

List names of all members for reported period in alphabetical order .

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Duplicate as needed

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Return to chapter officer or deputy to be sent to:

Dr. John H. Prey
DELTA SIGMA DELTA FRATERNITY
296 15th Ave.
Nekoosa, WI 54457

Please retain a copy of this letter for your records

