

# Delta Sigma Delta

Date Received in Supreme Scribe's Office

## Graduate Chapter Scribe's Annual Report

Due Feb 15 of each calendar year. Please type or print clearly.

Include Per Capita Fee of \$40/member and Administrative Fee of \$50/chapter

### Elected Officers for \_\_\_\_\_

Chapter

#### Grandmaster

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone Cell Phone Email Address

#### Worthy Master

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone Cell Phone Email Address

Delta Sigma Delta Form: Graduate Scribe's Report

Scribe

\_\_\_\_\_  
*First*                                      *Middle*                                      *Last*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                                      *State/Province*                                      *Postal Code*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Home Phone*                                      *Cell Phone*                                      *Email Address*

Treasurer

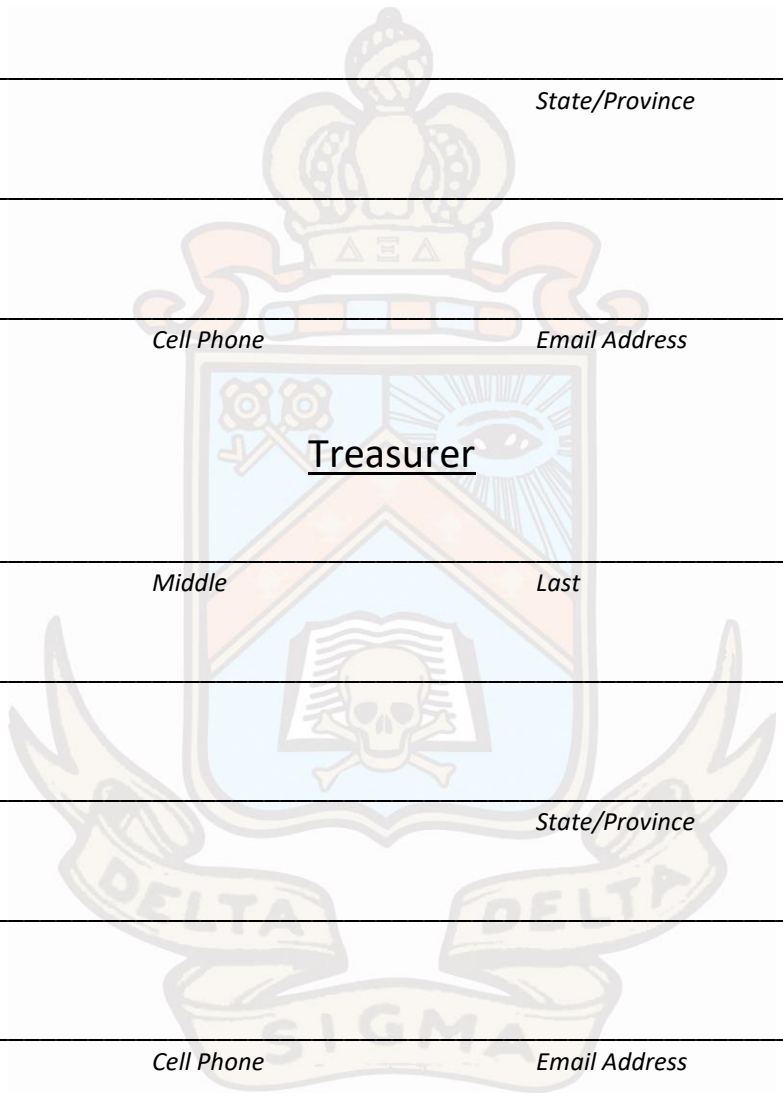
\_\_\_\_\_  
*First*                                      *Middle*                                      *Last*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                                      *State/Province*                                      *Postal Code*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Home Phone*                                      *Cell Phone*                                      *Email Address*



Historian

*First* *Middle* *Last*

*Address*

*City* *State/Province* *Postal Code*

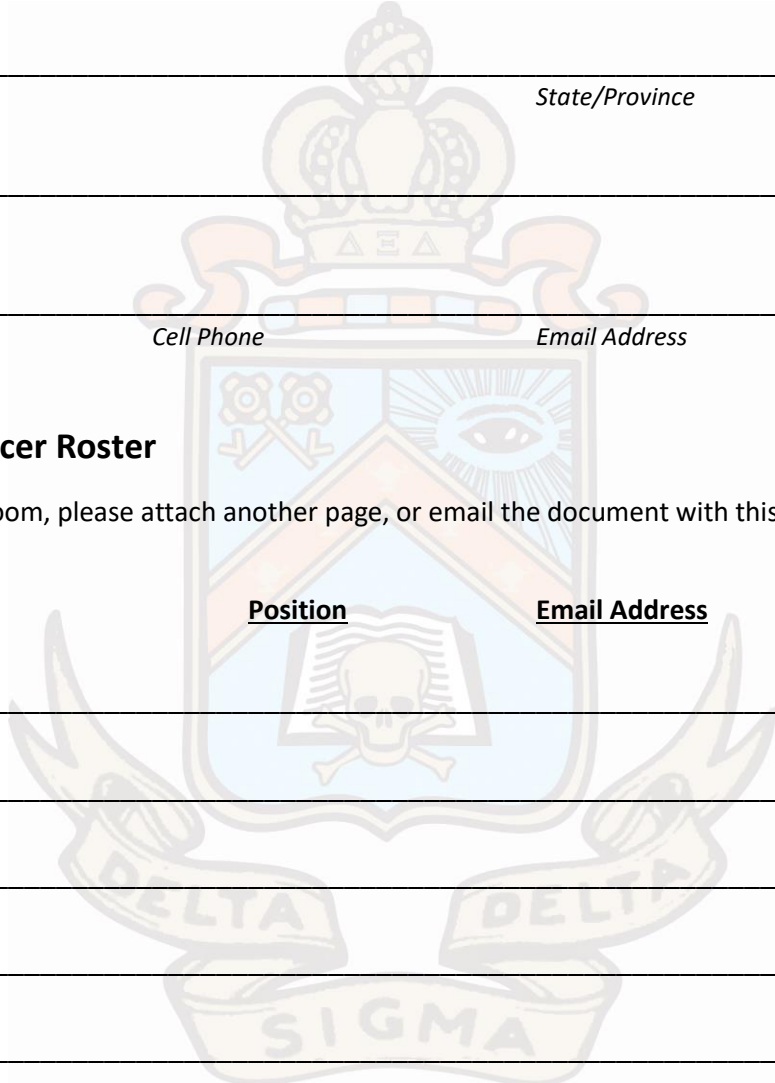
*Country*

*Home Phone* *Cell Phone* *Email Address*

**Remaining Officer Roster**

If you need more room, please attach another page, or email the document with this information to the Supreme Scribe.

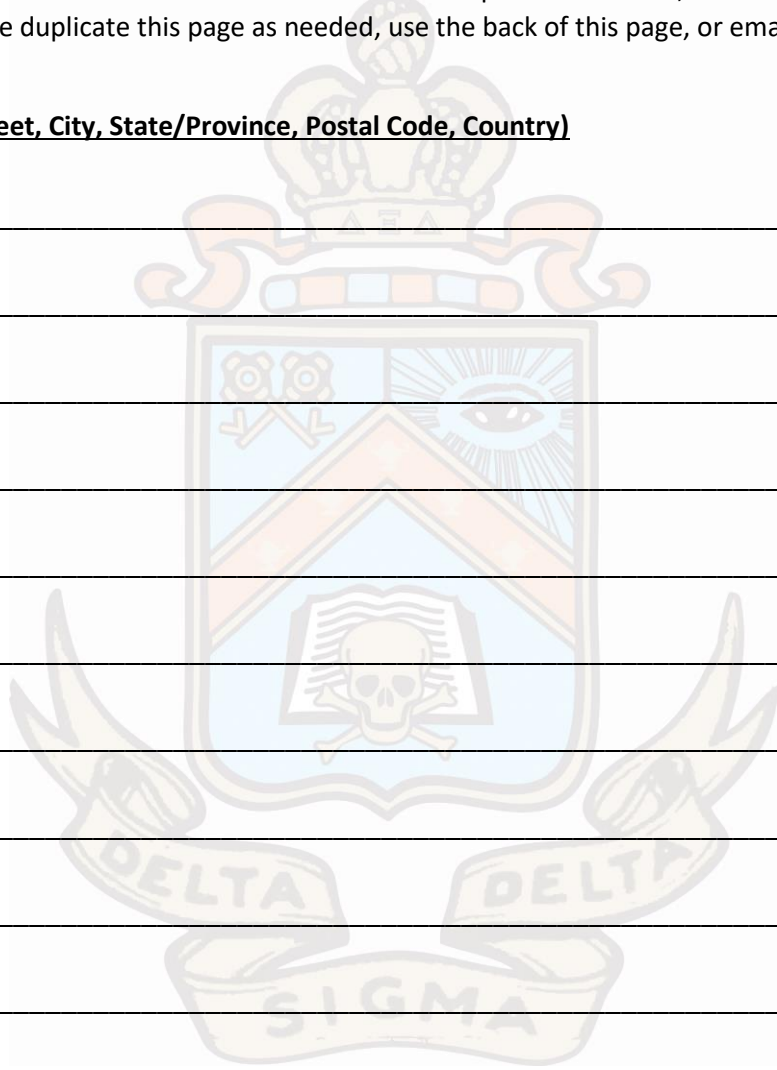
**Name** **Position** **Email Address**

## 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 Office Roster 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 (Last, First)</u>	<u>Address (Street, City, State/Province, Postal Code, Country)</u>	<u>Email Address and Phone</u>



## Membership Roster (con't)

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.

Name (Last, First)

Address (Street, City, State/Province, Postal Code, Country)

Email Address and Phone

<u>Name (Last, First)</u>	<u>Address (Street, City, State/Province, Postal Code, Country)</u>	<u>Email Address and Phone</u>

## Nominations For (If applicable)

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*Representative*

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*Alternate Representative*

### Deceased

If you need more than one page to report members who have passed away, please make copies of this page accordingly.

Name (Last, First)

Date Died (MM/YY)

<u>Name (Last, First)</u>	<u>Date Died (MM/YY)</u>

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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**