

Delta Chi Alumni Chapter Annual Report Form

Alumni Chapter Information *IMPORTANT*

Chapter name _____

Mailing address _____

City _____ State _____ Zip _____

http:// _____
Chapter website

Alumni Chapter Membership *IMPORTANT*

For number of votes at Conventions and Regional Conferences

_____ Total Active Members including Life Loyal _____ Life Loyal Members

Alumni Chapter Officer Information *IMPORTANT*

List all officers with current contact information. The phone number and e-mail address listed for the "A" will be the contact information for the alumni chapter.

Officer Name	Chapter and Grad Year	Preferred Phone #	Alternate Phone #	E-mail address
"A" _____	_____	_____	_____	_____
"B" _____	_____	_____	_____	_____
"C" _____	_____	_____	_____	_____
"D" _____	_____	_____	_____	_____
"E" _____	_____	_____	_____	_____
"F" _____	_____	_____	_____	_____

 Please mail completed form to: **Delta Chi Fraternity, PO Box 1817, Iowa City, IA 52244** Submitted by: _____ Date: _____

THIS FORM IS DUE ON OR BEFORE OCTOBER 1

Alumni Chapter Event Information

List events (other than your regular meeting) that your Alumni Chapter is planning to host this year.

Event	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Meeting Information

Location of regular meetings (if available) _____

City _____ State _____ Zip _____

Average number of alumni attending regular meetings _____ Date of next officer election _____

Other meeting information:

