



Contact Information Form

Return this form to the Coordinator for Fraternity & Sorority Life (University Union, Room 232C)

General Information

Organization _____

Meeting Day _____

Meeting Time/Location _____

President

Name _____

Phone Number _____

E-mail Address _____

Mailing Address _____

Vice President

Name _____

Phone Number _____

E-mail Address _____

Mailing Address _____

Treasurer

Name _____

Phone Number _____

E-mail Address _____

Mailing Address _____

Secretary

Name _____

Phone Number _____

E-mail Address _____

Mailing Address _____

Recruitment Chair/Intake Coordinator

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Social Chair

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Community Service Chair

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Philanthropy Chair

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Risk Manager

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Chapter Advisor

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____

Faculty/Staff Advisor

Name _____
Phone Number _____
E-mail Address _____
Mailing Address _____