## **DELTA SIGMA DELTA**

## **Graduate Chapter Scribe's Annual Report**

Date Due: February 15	Date received in Supreme Scribe's Office
Include Per Capita Fee \$45	5.00 per member / Administrative Fee \$50.00 per chapter.  Please type or print clearly
Graduate Chapter	
	Elected Officers for the Coming Year
Grand Master	
Last Name	First Name Middle
Address	
City	State ZIP Code
Country	
Email address	Telephone
Worthy Master	
Last Name	First Name Middle
Address	
City	State ZIP Code
Country	
Email address	Telephone
Scribe	
Last Name	First Name Middle
Address	
City	State ZIP Code
Country	
Email address	Telephone

Treasurer	
Last Name	First Name Middle
Address	
City	State ZIP Code
Country	
Email address	Telephone
Historian	
Last Name	First Name Middle
Address	
City	State ZIP Code
Country	
Email address	Telephone
Senior Page	
Senior Page Last Name	First Name Middle
	First Name Middle
Last Name	First Name Middle  State ZIP Code
Last Name Address	
Last Name Address City	
Last Name Address City Country	State ZIP Code
Last Name Address City Country	State ZIP Code
Last Name Address City Country Email address	State ZIP Code
Last Name Address City Country Email address Junior Page	State ZIP Code Telephone
Last Name Address City Country Email address Junior Page Last Name	State ZIP Code Telephone
Last Name Address City Country Email address  Junior Page Last Name Address	State ZIP Code Telephone First Name Middle

Tyler							
Last Name			First Name			Middle	
Address							
City		State		ZIP Code	e		
Country							
Email address				Telephor	ne		
Nominations for							
Representative							
Alternative Representative							
Deceased							
	_		1				
La	st Name		Fir	rst Name		Middle	
	Address						
La	st Name		Fir	rst Name		Middle	
	Address				,	,	
l a	est Namo		F:.	est Novo o		Middle	
	ast Name		FII	rst Name	<u> </u>	Middle	
	Address						
List of All Members For The Past Year							
	ist Name		Fir	rst Name		Middle	
	Address						
	ist Name		Fir	rst Name		Middle	
	Address						

Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address					
Last Name		First Name		Middle	
Address	,	I	J		
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Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		
Last Name	First Name	Middle
Address		

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