

Directory Information Form

Sorority/Fraternity Name _____ Chapter _____

Box # _____ House Phone # _____ Fax # _____

Email/Internet URL (if applicable) _____

Chapter Alumni Advisor Name _____

Address _____

Faculty Advisor _____

Officers

Office

Name

Email

Box

Phone

PRESIDENT				
VICE-PRESIDENT				
SECRETARY				
TREASURER				
SOCIAL CHAIR				
PLEDGE TRANSFER(S)				
HOUSE MANAGER				
PANHELLENIC/IFC REP				