



LAMBDA KAPPA SIGMA
CONVENTION DELEGATE CREDENTIALS
ALUMNI CHAPTERS

Alumni Chapter Name: _____ Date of Submission _____

This serves as official notification that the delegate and alternate listed below have been duly selected to represent the _____ Alumni Chapter at the (year) _____ Biennial Convention of Lambda Kappa Sigma Pharmacy Fraternity and have authorization to vote on the Chapter's behalf. Both the delegate and alternate are members in good standing with the chapter and the Fraternity.

Delegate:

Name _____ Office _____

Address 1: _____ Home Phone: _____

Address 2: _____ Cell Phone: _____

City/State/Zip _____ Email: _____

Alternate:

Name _____ Office _____

Address 1: _____ Home Phone: _____

Address 2: _____ Cell Phone: _____

City/State/Zip _____ Email: _____

Signed (Alumni Chapter President): _____

Date: _____

***Complete this form and forward to the
LKS International Office by May 15th
(US Postal Service, Fax, or electronic submissions are acceptable).***