



# LAMBDA KAPPA SIGMA ALUMNI OFFICER ROSTER FORM

ALUMNI CHAPTER NAME: \_\_\_\_\_

NAME OF PERSON SUBMITTING FORM: \_\_\_\_\_ TITLE: \_\_\_\_\_

ELECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICERS ARE IN EFFECT FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PRESIDENT:**

Name: \_\_\_\_\_ Address effective: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: H(\_\_\_\_\_)\_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: W(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

## **SECRETARY:**

Name: \_\_\_\_\_ Address effective: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: H(\_\_\_\_\_)\_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: W(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

## **TREASURER:**

Name: \_\_\_\_\_ Address effective: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: H(\_\_\_\_\_)\_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: W(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

## **FRATERNITY ADVISOR TO THE COLLEGIATE CHAPTER:**

Name: \_\_\_\_\_ Address effective: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Address: \_\_\_\_\_ Phone: H(\_\_\_\_\_)\_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: W(\_\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Please mail to the International Office, IMMEDIATELY following the election of officers. Please notify the IO of address or officer changes. At the latest, this form is to be filed yearly by June 1st. This roster counts toward scoring for the Efficiency Gavel.