

LAMBDA KAPPA SIGMA COLLEGIATE OFFICER ROSTER FORM



School: _____ Chapter: _____

Person Submitting: _____ Title: _____

Election date: _____ (month, day, year) Officers in effect from: _____ (month, day, year) to _____ (month, day, year)

PRESIDENT:

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

VICE-PRESIDENT:

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

TREASURER:

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

SECRETARY:

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

FRATERNITY ADVISOR

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

FACULTY ADVISOR:

Name: _____ Graduation Date: _____

Address: _____
(street address, city, state, zip & country)

E-mail: _____ Phone: () _____ (during school year) Phone: () _____ (permanent or parents)

-DIRECTIONS ON REVERSE SIDE-

OTHER OFFICE:

Name: _____ Graduation Date: _____

Address: _____
(street address, city ,state, zip & country)

E-mail: _____ Phone: () _____ Phone: () _____
(during school year) (permanent or parents)

OTHER OFFICE:

Name: _____ Graduation Date: _____

Address: _____
(street address, city ,state, zip & country)

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(during school year) (permanent or parents)

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(during school year) (permanent or parents)

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