



LAMBDA KAPPA SIGMA
CONVENTION DELEGATE CREDENTIALS
COLLEGIATE CHAPTERS

Collegiate Chapter Name: _____ **Date of Submission:** _____

This serves as official notification that the delegate and alternate listed below have been duly selected to represent the _____ Collegiate 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 _____ Title: _____

Address 1: _____ Home Phone: _____

City/State/Zip _____ Cell Phone: _____

Summer Address (if different): _____ Effective Dates of Summer Address: _____

Summer City/State/Zip: _____ Email: _____

Alternate:

Name _____ Title: _____

Address 1: _____ Home Phone: _____

City/State/Zip _____ Cell Phone: _____

Summer Address (if different): _____ Effective Dates of Summer Address: _____

Summer City/State/Zip: _____ Email: _____

Signed (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).***