

Delta Sigma Delta

Date Received in Supreme Scribe's Office

Undergraduate Chapter Scribe's Annual Report for _____ *Chapter for* _____
Due Jan 20 of each calendar year. Please type or print clearly. Chapter Name Year

Officers Contact Information

Please provide the names, email address, and phone numbers for your officers.

<u>Name</u>	<u>Position</u>	<u>Email Address</u>	<u>Phone</u>
_____	Grandmaster	_____	_____
_____	Worthy Master	_____	_____
_____	Treasurer	_____	_____
_____	Scribe	_____	_____
_____	Historian	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Membership Roster (con't)

If you need more room, please duplicate this page as needed, use the back of this page, or email the document with this information to the Supreme Scribe.

Name

Email Address

Phone

Dismissed Members

Please list the members that have been dismissed, withdrawn, or departed from the chapter, along with their current year (e.g. D1, D2, D3, D4, etc.) If you need more room, please attach appropriate pages, or email the document with this information to the Supreme Scribe.

<u>Name</u>	<u>Year in Program</u>	<u>Name</u>	<u>Year in Program</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return this report to chapter officer or representative, to be sent to

Please retain a copy for your records

Dr. John H. Prey
DELTA SIGMA DELTA FRATERNITY
1390 Prairie Creek Circle
Oconomowoc, WI 53066
United States of America