Delta Sigma Delta Undergraduate Chap Due Jan 20 of each calendar ye Officers Contact Inform Please provide the names, ema	ter Scribe's Annual Re ar. Please type or print clearly. ation	Chapter Name	Date Received in Supreme Scribe's Office Chapter for Year
<u>Name</u>	Position	Email Address	<u>Phone</u>
	Grandmaster		
	Worthy Master		
	Treasurer		
	Scribe		
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Delta Sigma Delta Form: Undergraduate Scribe's Report () for Chapte	Delta Sigma Delta Form: Undergraduate Scribe's Report	() for	_ Chapter
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Membership Roster

Please provide the following membership information for all members in last name alphabetical order, even if they have been listed in the previous Officer Contact section. 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.

<u>Name</u>	Email Address	<u>Phone</u>
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Membership Roster (co	n't)	
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<u>Name</u>	Email Address	<u>Phone</u>
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	SIGM	

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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Please list the members that have been dismissed, withdrawn, or departed from the chapter, along with their current year (e.g. D1, D2, D3, D4, etc.)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>	Year in Program	<u>Name</u>	Year in Program	
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	SELTA	DELTA		

Please retain a copy for your records

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

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

Chapter