

# Delta Sigma Delta

Date Received in Supreme Scribe's Office

## Graduate Chapter Scribe's Annual Report

Due Feb 15 of each calendar year. Please type or print clearly.

Include Per Capita Fee of \$40/member and Administrative Fee of \$50/chapter

### Elected Officers for \_\_\_\_\_

Chapter

#### Grandmaster

First Middle Last

Address

City State/Province Postal Code

Country

Home Phone Cell Phone Email Address

#### Worthy Master

First Middle Last

Address

City State/Province Postal Code

Country

Home Phone Cell Phone Email Address

Scribe

*First*

*Middle*

*Last*

*Address*

*City*

*State/Province*

*Postal Code*

*Country*

*Home Phone*

*Cell Phone*

*Email Address*

Treasurer

*First*

*Middle*

*Last*

*Address*

*City*

*State/Province*

*Postal Code*

*Country*

*Home Phone*

*Cell Phone*

*Email Address*

## Historian

*First*

*Middle*

*Last*

*Address*

*City*

*State/Province*

*Postal Code*

*Country*

*Home Phone*

*Cell Phone*

*Email Address*

### **Remaining Officer Roster**

If you need more room, please attach another page, or email the document with this information to the Supreme Scribe.

**Name**

**Position**

**Email Address**

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 Office Roster 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 (Last, First)</u>	<u>Address (Street, City, State/Province, Postal Code, Country)</u>	<u>Email Address and Phone</u>

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.

**Email Address and Phone**

