Date Received in Supreme Scribe's Office

# **Delta Sigma Delta**

## 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

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## <u>Scribe</u>

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Remaining Office If you need more rook Supreme Scribe.  Name	m, please attach another page,  Position	or email the document with thi	s information to the
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Delta Sigma Delta Form: Graduate Scribe's Report

#### **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.

Name (Last, First)	Address (Street, City, State/Province, Postal Code, Country)	Email Address and Phone
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#### 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.

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Delta Sigma Delta Form: Graduate Scribe's Report

**Nominations For (If applicable)** 

Representative			
Alternate Representative			
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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