

# Delta Chi Alumni Chapter Annual Report Form

## Alumni Chapter Information *IMPORTANT*

Chapter Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter website \_\_\_\_\_

## Alumni Chapter Membership *IMPORTANT*

For number of votes at Conventions and RLC

Total Active Members including Life Loyal \_\_\_\_\_ Life Loyal Members \_\_\_\_\_

## Event Information

List events (other than your regular meeting) that your Alumni Chapter is planning to host this year.

Event	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

## Meeting Information

Location of regular meetings (if available)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Average number of alumni attending regular meetings \_\_\_\_\_ Date of next officer election \_\_\_\_\_

**Other meeting information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Alumni Chapter Officer Information *IMPORTANT*

List all officers with current contact information. The phone number and e-mail address listed for the "A" will be the contact information for the alumni chapter.

Officer Name	Chapter and Grad Year	Preferred Phone #	E-mail address
"A" _____	_____	_____	_____
"B" _____	_____	_____	_____
"C" _____	_____	_____	_____
"D" _____	_____	_____	_____
"E" _____	_____	_____	_____
"F" _____	_____	_____	_____

 Please mail completed form to: Delta Chi Fraternity, PO Box 1817, Iowa City, IA 52244 Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS DUE ON OR BEFORE OCTOBER 1**