

New Officer Form

Please Fill out all officers and return to the Greek Life office within One Week of Elections

Chapter: _____

Date effective: _____

President: _____

Phone: _____

Email: _____

New Member Educator: _____

Phone: _____

Email: _____

Social Chairman: _____

Phone: _____

Email: _____

Academic Chairman: _____

Phone: _____

Email: _____

Council Officer: _____

Phone: _____

Email: _____

Council Delegate: _____

Phone: _____

Email: _____

Recruitment Officer: _____

Phone: _____

Email: _____

General Advisor: _____

Phone: _____

Email: _____