

Sigma Gamma Epsilon

Chapter Officer List for the 20__ __ - 20__ __ Academic Year

CHAPTER NAME: _____ **DATE:** _____
University: _____
Department Name: _____
Department Phone: _____
Department Fax: _____
Chapter (or Department) Website: _____

ADVISOR

Name: _____
Address, City, State, Zip: _____

Phone: _____
Email: _____

PRESIDENT

Name: _____
Address, City, State, Zip: _____

Phone: _____
Email: _____

VICE PRESIDENT

Name: _____
Address, City, State, Zip: _____

Phone: _____
Email: _____

SECRETARY

Name: _____
Address, City, State, Zip: _____

Phone: _____
Email: _____

TREASURER

Name: _____
Address, City, State, Zip: _____

Phone: _____
Email: _____

Enter information. Save as " (Your Chapter Name) Officer List." Email as an attachment to even@sigmagammaepsilon.com as soon as new officers are elected.