**Please Print or Type**

Name of Organization:

Scholastic semester and year:

|  |  |  |  |
| --- | --- | --- | --- |
| President |  |  |  |
| Vice President |  |  |  |
| Delegate |  |  |  |
| Recruitment  |  |  |  |
| New Member Education |  |  |  |
| Greek Week Chair |  |  |  |
| Community Service |  |  |  |
| Scholarship |  |  |  |
| Treasurer |  |  |  |
| Risk Management |  |  |  |
| Chaplain |  |  |  |
| Faculty Advisor |  |  |  |
| Off-Campus Advisor (s) |  |  |  |
| Off-Campus Advisor (s) |  |  |  |
| Off-Campus Advisor (s) |  |  |  |
| Public Relations |  |  |  |
| Regional Contact  |  |  |  |
| National Contact  |  |  |  |

 Name Phone # VSU Email