

Officer Update Form

Missouri Western Greek Life

For Office Use Only

Date Received: _____

Received By: _____

Chapter: _____

Semester: _____

INSTRUCTIONS: Please print or type ALL information. Return this form to the Assistant Dean of Student Development in Blum 207

Form completed by (please print) _____

Date _____

Chapter Advisor

Last Name, First Name

Phone

Email

President

Last Name, First Name

G#

Cell Phone

Email

Vice President

Last Name, First Name

G#

Cell Phone

Email

Treasurer

Last Name, First Name

G#

Cell Phone

Email

Secretary

Last Name, First Name

G#

Cell Phone

Email

Recruitment / Intake Chair

Last Name, First Name

G#

Cell Phone

Email

New Member Educator

Last Name, First Name

G#

Cell Phone

Email

OVER

Scholarship Chair

Last Name, First Name

G#

Cell Phone

Email

Social Chair

Last Name, First Name

G#

Cell Phone

Email

Service / Philanthropy Chair

Last Name, First Name

G#

Cell Phone

Email

Risk Management Chair

Last Name, First Name

G#

Cell Phone

Email

Governing Council Delegate/Representative

Last Name, First Name

G#

Cell Phone

Email

Public Relations/Marketing Chair

Last Name, First Name

G#

Cell Phone

Email

Intramural Chair

Last Name, First Name

G#

Cell Phone

Email

Alumni/ae Association President

Last Name, First Name

Phone

Email

Graduate Chapter President

Last Name, First Name

Phone

Email