



DELTA TAU CHAPTER OFFICERS AND ADDRESSES FORM

This form, typed or printed, should be completed and submitted to:
Delta Tau, 4990 Northwind Drive, Suite 140,
East Lansing, MI 48823-5031 - Fax: 517.351.8336

Please use addresses for receiving mailings at college.

ADVISER:

Name _____
Address _____

City State ZIP Code
Home Phone: () _____
Office Phone: () _____
Facsimile: () _____
e-mail: _____

VICE PRESIDENT:

Name _____
Address _____

City State ZIP Code

TREASURER:

Name _____
Address _____

City State ZIP Code
Home Phone () _____
e-mail: _____

ASSISTANT ADVISER:

Name _____
Address _____

City State ZIP Code
e-mail: _____

PRESIDENT:

Name _____
Address _____

City State ZIP Code
Home Phone: () _____
e-mail: _____

SECRETARY:

Name _____
Address _____

City State ZIP Code

EDITOR:

Name _____
Address _____

City State ZIP Code

ASSISTANT ADVISER:

Name _____
Address _____

City State ZIP Code
e-mail: _____

Administrator of Unit

Name and Title _____
Address _____

e-mail: _____

Initiations held annually: Fall _____ Spring _____

Chapter Name _____
Date _____