

# Phi Kappa Theta Fraternity - Current Chapter Officers

Due September 21<sup>st</sup>, January 15<sup>th</sup>, & within 10 days of any chapter election

Completely type out this form including EMAIL ADDRESSES! No handwritten forms are accepted.

College/University \_\_\_\_\_ Chapter \_\_\_\_\_

Chapter/House Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Chapter/House Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Chapter Website: \_\_\_\_\_

Please write mailing address in the space provided if the officer does not live at the chapter house or if there is no chapter house.

Cell-phone Number  
(Include area code)

**President:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Vice President:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Treasurer:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Secretary:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Associate Member Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Recruitment Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Risk Management Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Social Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Alumni Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Philanthropic Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

**Scholastic Chrm:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Term Expires (mm/yy): \_\_\_/\_\_\_

Please complete both sides of this form!

Rev 9/2007

**Current Chapter Officers Form**

**Chaplain:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Chapter/Alumni Advisor:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Alumni President:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Greek Advisor (if known):** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Chapter Meeting Night:** \_\_\_\_\_ **Date of Next Elections:** \_\_\_\_/\_\_\_\_  
(Day of Week)

Please return form to:

Phi Kappa Theta Fraternity  
9640 N. Augusta Drive, Suite 420  
Carmel, IN 46032  
Fax: 866-879-1889  
[executiveoffices@phikaps.org](mailto:executiveoffices@phikaps.org)

*Completed by:* \_\_\_\_\_  
Secretary (Print Name)

(\_\_\_\_\_) \_\_\_\_\_  
Phone # (include area code)

\_\_\_\_\_  
Email

\_\_\_\_/\_\_\_\_  
Term Expires (mm/yy)

Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**It is important that this form is completely and correctly filled out!**