

# Psi Omega Fraternity



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Dear Brother Recorder:

In order to update our computer records and for publication in the Frater, it is necessary for us to have the names of the officers elected for:

Chapter \_\_\_\_\_ Term \_\_\_\_\_

We would appreciate your filling out this form, listing your officers and Deputy Councilor/s. Please provide us with a mailing address and telephone number on each one for our convenience in making contact with the appropriate officer when it is necessary. This form needs to be filled out in its entirety and submitted to the Central Office by **JANUARY 15th** for updates in the **Frater!**

President \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Treasurer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Vice-President \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Editor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Recorder \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Deputy Councilor/s  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this form and mail or fax it to the Central Office by January 15th.