



CHAPTER DELEGATE FORM

Instructions: Forms postmarked and submitted to the National Headquarters on or before **June 1, 2017**, will receive primary consideration for committee seating. Don't forget - you must have a current membership card to be seated as a delegate.

Chapter: _____ **Organization:** KKΨ TBΣ **District:** _____

School: _____

Official Delegate: _____

Name

Summer Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Preferred Committee Assignment: _____

1st Alternate Delegate: _____

Name

Summer Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Preferred Committee Assignment: _____

2nd Alternative Delegate: _____

Name

Summer Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Preferred Committee Assignment: _____

3rd Alternative Delegate: _____

Name

Summer Address

City

State

Zip

Home Phone

Cell Phone

E-mail

Preferred Committee Assignment: _____

***** Refer to your National Constitution for a list of convention committees.**

Important Reminders

1. Each delegate or alternate delegate must have a valid membership card.
2. The National President may create more committees for the convention should the need be apparent.
3. This form fulfills the National Constitution provision requiring a signed official statement verifying selection as a delegate or alternate delegate.
Send a written notice to the National Headquarters (by mail, by e-mail to kkytbs@kkytbs.org, or by fax to 405.372.2363) should the name, address, phone numbers or e-mail address of the delegate or alternate delegate change.

Required Signatures: _____

Chapter President

Chapter Sponsor