

Form for Chapter Reactivation

Chapter _____ Date _____

College or University _____

Mailing address _____

Advisor _____ Field _____

e-mail _____ phone _____ fax _____

mailing address (if different from above)

Officers:

President _____ e-mail _____

Vice-President _____ e-mail _____

Secretary _____ e-mail _____

Treasurer _____ e-mail _____

Other _____ e-mail _____

Members: all member and officer names should be clearly typed as desired on membership certificate)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Lifetime membership fees (\$35 each) submitted to the Treasurer. _____

Check any of the following documents you need to be provided:

National Constitution _____ Initiation Ritual _____