



Chapter Officer Positions

COMPLETE THIS FORM, AND RETURN IT TO THE OFFICE OF STUDENT
ACTIVITIES NO LATER THAN **The Third IGC Meeting of The Semester.**

If it does not apply to your organization please mark N/A

Faculty/Staff Advisor

Name: _____
Position on campus: _____
Address: _____
Phone Number: _____
E-mail Address: _____

President

Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

VICE PRESIDENT

Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

SECRETARY

Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

TREASURER

Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

PROGRAMS COORDINATOR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

NEW MEMBER EDUCATOR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

PR CHAIR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

ALUMNI CHAIR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

RISK MANAGER

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

SOCIAL CHAIR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

RECRUITMENT CHAIR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

SCHOLARSHIP CHAIR

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

IGC REPRESENTATIVE

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____
