



2017 SPECIAL BOULE

DELEGATE(S) FORM

PLEASE PRINT:

Mark One: Graduate Undergraduate (University Name: _____)

REGION: Central Northeastern Southeastern Southwestern Western

CHAPTER NAME: _____ **# of Financial Members:** _____

CHAPTER BASILEUS: _____ **Email Address:** _____

UNDERGRADUATE ADVISOR: _____ **Email Address:** _____

** Chapter delegates must be registered for the conference and in good financial standing at the time of which the Delegate form is submitted. When filling out the form, please mark each member as either Life Member or Delegate. Put a check mark in the box for Life Member **OR** Delegate. Not both.

Member Name (Print)	Life Member	Delegate
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional pages if needed.

This completed and signed form must be **EMAILED** to bouledelagate@sgrho1922.org by **June 12, 2017**. **Late forms WILL NOT be accepted.**

Onsite Delegate Change: If for some reason the registered chapter Delegate is unable to attend and the chapter approves another registered chapter member to serve, the approved member must complete the CHANGE OF DELEGATE FORM onsite at the ICHQ office

Chapter Basileus Signature: _____ Date: _____

Advisor Signature (if undergraduate): _____ Date: _____