SIGMA BETA DELTA

**Chapter Officer Information**

Please complete the following FACULTY/STAFF chapter officer information

Name of Chapter (School):

 **Dean:**

Name (with title):

Address:

Telephone: Email:

**Chapter President:** Does the President also serve as the Faculty Advisor? □ Yes □ No
Name (with title):

Address:

Telephone: Email:

**Vice-President:** Does the Vice-President also serve as the Faculty Advisor? □ Yes □ No

Name (with title):

Telephone: Email:

**Secretary/Treasurer:** Does the Secretary/Treasurer also serve as the Faculty Advisor? □ Yes □ No

Name (with title):

Telephone: Email:

**Administrator:** If applicable, please provide information for the department assistant, who assists the faculty advisor.

Name:

Telephone: Email:

Complete and return this form to: SIGMA BETA DELTA

E-Mail: info@sigmabetadelta.org