



**REGISTRATION FORM**

FRATERNITY / SORORITY NAME \_\_\_\_\_

Chapter Name / Organization \_\_\_\_\_

**PUBLIC CONTACT INFORMATION:**

\_\_\_\_\_  
(Chapter Name) (Phone Number)

\_\_\_\_\_  
(E-mail Address) (Mailing Address) (www Address)

**EXECUTIVE OFFICERS:**

\_\_\_\_\_  
(President) (Phone Number) (E-Mail Address) (SID #)

\_\_\_\_\_  
(Vice President) (Phone Number) (E-Mail Address) (SID #)

\_\_\_\_\_  
(Secretary) (Phone Number) (E-Mail Address) (SID #)

\_\_\_\_\_  
(Treasurer) (Phone Number) (E-Mail Address) (SID #)

\_\_\_\_\_  
(Membership Intake Chair) (Phone Number) (E-Mail Address) (SID #)

**FACULTY/STAFF ADVISOR (Individual must be a fulltime employee of B-CU)**

\_\_\_\_\_  
(Name) (Phone Number) (E-Mail Address)

\_\_\_\_\_  
(Campus Address/Building) (Position at B-CU)

