



# Kappa Kappa Psi & Tau Beta Sigma



## 2005 Chapter Delegate Form

INSTRUCTIONS: This CHAPTER DELEGATE FORM must be submitted to the National Headquarters on or before June 1, 2005. You MUST have a current membership card to be seated as a delegate.

Please PRINT all information (except signatures) in BLOCK CAPITAL LETTERS.

CHAPTER: \_\_\_\_\_ KKΨ TBS (Check one) DISTRICT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OFFICIAL DELEGATE: \_\_\_\_\_

Name & Summer Mailing Address

	City	State	Zip	Telephone	E-mail
Preferred Committee Assignment: _____					

1ST ALTERNATE: \_\_\_\_\_

Name & Summer Mailing Address

	City	State	Zip	Telephone	E-mail
Preferred Committee Assignment: _____					

2ND ALTERNATE: \_\_\_\_\_

Name & Summer Mailing Address

	City	State	Zip	Telephone	E-mail
Preferred Committee Assignment: _____					

3RD ALTERNATE: \_\_\_\_\_

Name & Summer Mailing Address

	City	State	Zip	Telephone	E-mail
Preferred Committee Assignment: _____					

*A list of committees is available at [www.kkytbs.org/natconv.html](http://www.kkytbs.org/natconv.html)*

### IMPORTANT REMINDERS

1. Each delegate or alternate delegate MUST have a valid membership card.
2. The form fulfills the National Constitution provision requiring a signed official statement verifying selection as a delegate or alternate delegate. Send an e-mail to [kkytbs@kkytbs.org](mailto:kkytbs@kkytbs.org) or call the National Headquarters at (405) 372-2363 should the name, address, or phone number of the delegate or alternate delegate change.

### REQUIRED SIGNATURES

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Chapter Sponsor

To be returned to the National Headquarters by JUNE 1, 2005.