



# KAPPA KAPPA PSI & TAU BETA SIGMA

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# CHAPTER DELEGATE



**Instructions:** Forms postmarked and submitted to the National Headquarters on or before **June 1, 2009**, will receive primary consideration for committee seating. Don't forget - you must have a current membership card to be seated as a delegate.

**Chapter:** \_\_\_\_\_ **Organization:**     KΚΨ     TΒΣ    **District:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Official Delegate:** \_\_\_\_\_

Name			
Summer Address	City	State	Zip
Home Phone	Cell Phone	E-mail	

**Preferred Committee Assignment:** \_\_\_\_\_

**1st Alternate Delegate:** \_\_\_\_\_

Name			
Summer Address	City	State	Zip
Home Phone	Cell Phone	E-mail	

**Preferred Committee Assignment:** \_\_\_\_\_

**2nd Alternative Delegate:** \_\_\_\_\_

Name			
Summer Address	City	State	Zip
Home Phone	Cell Phone	E-mail	

**Preferred Committee Assignment:** \_\_\_\_\_

**3rd Alternative Delegate:** \_\_\_\_\_

Name			
Summer Address	City	State	Zip
Home Phone	Cell Phone	E-mail	

**Preferred Committee Assignment:** \_\_\_\_\_

**\*\*\* Refer to your National Constitution for a list of convention committees.**

**Important Reminders**

1. Each delegate or alternate delegate must have a valid membership card.
2. The National President may create more committees for the convention should the need be apparent.
3. This form fulfills the National Constitution provision requiring a signed official statement verifying selection as a delegate or alternate delegate.  
Send a written notice to the National Headquarters (by mail, by e-mail to kkytbs@kkytbs.org, or by fax to 405.372.2363) should the name, address, phone numbers or e-mail address of the delegate or alternate delegate change.

**Required Signatures:** \_\_\_\_\_

Chapter President

Chapter Sponsor

**Mail or fax this form by June 1, 2009 to:**

Kappa Kappa Psi & Tau Beta Sigma, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849  
Phone: 405.372.2333 • Fax: 405.372.2363