

**Dean of Students Office**  
**Jacksonville State University**  
**Fraternity/Sorority Officer and Advisor Form**

Fraternity/Sorority \_\_\_\_\_

Completed By \_\_\_\_\_

Semester/Year \_\_\_\_\_

<b>Officer Title</b>	<b>Name</b>	<b>JSU box/Mailing Address</b>	<b>Local Phone</b>	<b>Email</b>
President				
VP Of _____				
VP Of _____				
Treasurer				
Secretary				
Membership Chair				
New Member Chair				
Council Delegate				
Philanthropy Chair				
Social Chair				
Intramural Chair				
Risk Management Chair				
Fire Marshall				
House Manager				
Other _____				
Other _____				
<b>Advisors</b>	<b>Name</b>	<b>Mailing Address</b>	<b>Home/Work/Cell Phone</b>	<b>Email</b>
Alumni/Grad/Chapter Advisor				
Recruitment Advisor				
New Member Advisor				
Faculty Advisor				
Regional Officer (Required)				

