

OFFICER UPDATE FORM

Date: _____

Organization: _____ Chapter: _____

President:
Name: _____

email address: _____

Vice President:
Name: _____

email address: _____

Treasurer:
Name: _____

email address: _____

Secretary:
Name: _____

email address: _____

Scholarship Chair:
Name: _____

email address: _____

Risk Management Officer:
Name: _____

email address: _____

New Member Educator / Rush Chair:
Name: _____

Email address: _____

Please return this completed form to:

Assistant Director for Greek Affairs
University at Buffalo
Suite 150 Student Union
North Campus

fax: (716) 645-2371



student *life*

