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**Sigma Beta Sorority, Inc.**  
**Chapter Officers' List**

Chapter Name: \_\_\_\_\_ Year: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Corresponding Secretary: \_\_\_\_\_

Editor: \_\_\_\_\_

Parliamentarian: \_\_\_\_\_

**PLEASE RETURN THIS FORM IMMEDIATELY FOLLOWING  
THE ELECTION OF NEW CHAPTER OFFICERS.**