

**Florida Tech
Chapter Officer Transition Form**

Effective Date _____ **Chapter** _____

*Please complete this form and file with the Greek Life office within **Two WEEKS** of your chapter elections.*

PRESIDENT: _____

Phone: home _____ cell. _____ work _____

Email: _____

VICE PRESIDENT:

Phone: home _____ cell. _____ work _____

Email: _____

RECRUITMENT CHAIR: _____

Phone: home _____ cell. _____ work _____

Email: _____

NEW MEMBER EDUCATION:

Phone: home _____ cell. _____ work _____

Email: _____

RISK MANAGER: _____

Phone: home _____ cell. _____ work _____

Email: _____

SOCIAL CHAIR: _____

Phone: home _____ cell. _____ work _____

Email: _____

SECRETARY: _____

Phone: home _____ cell. _____ work _____

Email: _____

TREASURER: _____

Phone: home _____ cell. _____ work _____

Email: _____

DELEGATE: _____

Phone: home _____ cell. _____ work _____

Email: _____

CHAPTER ADVISER:

Phone: home _____ cell. _____ work _____

Email: _____