

IB 361al
7/06
(PP, ES, IIVP)

DELTA OMICRON
INTERNATIONAL MUSIC FRATERNITY

Alumni Chapter Roster

For the Year 20__ to 20__

Twice each year (in the fall by October 31 and immediately following the spring election of officers), the Chapter Secretary fills in the information below and sends 3 copies to the Province President. Please include area codes and zip codes. **See IB320/3al for directions if no changes have occurred since the last roster was submitted.**

DATE _____ CHAPTER _____
LOCATION _____

PRESIDENT _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Vice President _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Recording Secretary _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Corres. Secretary _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Treasurer _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Publicity _____ Phone() _____

Address _____

E Mail _____ FAX () _____

Please list other officers and members on the other side of this sheet if no Yearbook is provided. Please provide name, address, telephone number, and email information.