OMICRON DELTA EPSILON
CHAPTER REPORTING FORM

The following form is to be completed by each chapter and submitted to the Central Office by April 30th. Information from this form will be included on the ODE website, as well as keeping Central Office informed as to chapter activities. Please mail the completed form to Omicron Delta Epsilon, PO Box 2096, Fairhope, AL 36533, or fax it to 1-251-928-0015, or email the information to information@OmicronDeltaEpsilon.org.

Chapter Name: ____________________________________________________________

School Name: _______________________________________________________________

Faculty Advisor: _____________________________________________________________

Address: __________________________________________________________________

City: ___________________ State: _______________ Zip: ___________________________

Telephone number: ______________________ Fax: ______________________________

Email: ____________________________________________________________________

President: ___________________ Vice-President: ________________________________

Secretary: ___________________ Treasurer: _________________________________

Total Number of Chapter Members: __________________________________________

Chapter Web Address: _________________________________________________________

List Chapter activities held or planned this academic year. List date of the activity and a brief description. (If more space is needed attach additional pages).

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Submitted by: ___________________________ Faculty Advisor