

 Tau Rho Beta | Graduate Chapter Membership

**Please complete the form below and return it**.

Graduate Chapter Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |   |  |  |  |
| Chapter  | Name of College or University/Location  | City and State |  |  |

Graduate Chapter Officers

Chapter President

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Vice President

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Secretary

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Treasurer

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Historian

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Sergeant-at-Arms

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Chapter Chaplain

|  |  |  |
| --- | --- | --- |
| Full Name:  |   |  |
| Home Telephone:  |   | Cell Telephone:  |   |  |
| Email Address:  |   |  |
| Initiation Date:  |   | (MM/DD/YYYY)  |   |  |

Graduate Chapter Members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name:  |  | Full Name:  |   |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |   |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |  |
| Full Name: |  | Full Name: |  |

**Email Form to** **LWicksTPB@yahoo.com** **| Phone: (903)392-1232 | LaKeese Wicks National Vice President**