

Ohio University Greek Life Office Chapter Report

Chapter: _____ Next Election Date: _____

On-Campus Advisor	Full Name:	Telephone Number:	
Mailing Address:		Email:	
Local Chapter Advisor	Full Name:	Telephone Number:	
Mailing Address:		Email:	
National Chapter Representative (ex. visiting consultant)	Full Name:	Telephone Number:	
Mailing Address:		Email:	
House Director	Full Name:	Telephone Number:	
Mailing Address:		Email:	
House Corporation Contact	Full Name:	Telephone Number:	
Mailing Address:		Email:	
House Corporation President	Full Name:	Telephone Number:	
Mailing Address:		Email:	
Chapter House Information	Telephone Number:	Mailing Address:	
House Capacity:	Sophomore Residents? (Yes) (No)	Meal Plan? (Yes) (No)	# meals served each week
Breaks Occupied: (Thanksgiving) (Winter) (Spring) (Summer) (Other – please list)			
Dues Information	New One-Time member Fee	New Member Regular Dues	Fall Semester Dues
Spring Semester Dues	Room/Rent fees (per semester)	Board/Meal Plan Fees (per semester)	Other fees:

Chapter Report Officer List

Officer Position	Name of Officer (Full)	Telephone Number	OU Email ID
President			
Vice President			
Treasurer			
Secretary			
Recruitment			
Social			
New Mem Ed			
Council Representative			
House manager			
Alumni Chair			
Scholarship Chair			
Risk Manager			
Standards/ Judicial Chair			
Public Relations Chair			
Activities Chair			
Philanthropy Chair			