

**MILLIKIN UNIVERSITY FRATERNITY & SORORITY LIFE
IMPORTANT CHAPTER CONTACTS FORM**

Please provide contact information for the following stakeholders. If your chapter does not have a person that fills this role, please note that on this form.

Organization: _____

Chapter Designation: _____

Chapter President

Full Name: _____

Email: _____

Phone Number: _____

Millikin ID Number: _____

Year in School: F S J Sr. Grad

Chapter Risk Management Chair/Equivalent

Full Name: _____

Email: _____

Phone Number: _____

Millikin ID Number: _____

Year in School: F S J Sr. Grad

New Member Educator/Pledge Dean

Full Name: _____

Email: _____

Phone Number: _____

Millikin ID Number: _____

Year in School: F S J Sr. Grad

House Manager

Full Name: _____

Email: _____

Phone Number: _____

