

ORLANDO AREA COUNCIL OF BΣΦ NEW REP INFORMATION

Name _____ Chapter _____

Address _____ Email _____

Numbers: Home _____ Work _____ Cell _____

Number of years in sorority? _____ How many active in Orlando? _____

Chapter offices held _____

Chapter committee chairmanships held _____

Council offices previously held _____

Council committees previously chaired _____

Newly Elected: President Regular Representative Alternate Representative

Presidents and Elected Reps are eligible to run for council Office.

~~~~~

**Please check the council Office you are interested in running for.**

President     Vice President     Recording Secretary     Corresponding Secretary     Treasurer

*(Council President, Vice President or Treasurer shall have served as a chapter officer or a council committee chairman prior to serving as one of the three offices mentioned. – By-Laws: Article VII - Section1-B)*

| COMMITTEE               | CHAIRMAN | MEMBERS |
|-------------------------|----------|---------|
| Area Conference         |          |         |
| Blood Bank / Service    |          |         |
| By-Laws/Parliamentarian |          |         |
| Directories             |          |         |
| Founder's Day           |          |         |
| Legacy                  |          |         |
| Publicity               |          |         |
| Scrapbook               |          |         |
| Social Media            |          |         |
| Sweetheart Ball         |          |         |
| Ways & Means            |          |         |
| Website                 |          |         |
| Woman Of The Year Event |          |         |