

# THETA CHI FRATERNITY

## Citation of Honor

### Nomination Form

*A certificate authorized by the Grand Chapter for presentation to members for outstanding service to the Fraternity.  
Presentation is also granted to non-members for outstanding service to the fraternity movement.  
Approval is required by the Executive Director for the Citation of Honor.*

**Name of individual submitting nomination:** \_\_\_\_\_

Chapter and School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Full Name of Nominee:** \_\_\_\_\_

If member, name of chapter and graduation year: \_\_\_\_\_

If not a member, please include other organization name or job title: \_\_\_\_\_

**Award is being presented by** (name of chapter or group): \_\_\_\_\_

*Please indicate one of the following: the name of chapter; the name of association, corporation, or alumni group; Grand Chapter; Norwich Housing Corporation; The Foundation Chapter.*

**Date of Presentation:** \_\_\_\_\_

**Please describe why nominee is deserving of recognition (attach a separate sheet, if necessary):**

**Ship certificate to:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Citation of Honor **\$10.00 each** including shipping & handling **MUST BE PREPAID**  
Both form and payment must be received by the IHQ before approval process can begin.  
Please allow at least 2 weeks for approval, production, and shipment of certificate.*

**For Credit Card Payments** (You can email this form, then call the IHQ to give your payment information.)

Name on card: \_\_\_\_\_ Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code: \_\_\_\_\_

#### **SUBMIT FORM AND PAYMENT TO:**

Theta Chi Fraternity, PO Box 503, Carmel IN 46082  
via email: [awards@thetachi.org](mailto:awards@thetachi.org)  
via fax: 317-824-1908

#### **Headquarters Use Only**

**EXECUTIVE DIRECTOR APPROVAL:** \_\_\_\_\_ Approved \_\_\_\_\_ NOT Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **DATES:**

Form & Fees Rcd: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cert. Prepared & Shipped: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member Record Updated: \_\_\_\_/\_\_\_\_/\_\_\_\_