

THETA CHI FRATERNITY

Nomination Form for Alumnus Initiate

Chapter/Commission submitting nomination: _____

College/University: _____

Nominee's Full Name: _____

Home Address: _____
(Street, City, State, Zip)

Cell Phone: _____ Email Address: _____

Age: _____ If married, name of spouse: _____

College/University Attended: _____ Yr of Graduation: _____

Degree(s): _____

Business/Profession: _____ Position/Title: _____

Membership in organizations and clubs: _____

Has he ever pledged or been initiated into another college fraternity? Yes ___ No ___

Please describe current and future involvement of the nominee with the chapter/commission:
(Attach at least a half page letter to the form citing the reasons for your nomination.)

Has he been elected unanimously by the chapter/commission? Yes ___ No ___ Date of Meeting: _____

Is the chapter's/commission's request to make the proposed an alumnus initiate in compliance with *The Constitution and Bylaws of Theta Chi Fraternity, Inc.* (see next page)? Yes ___ No ___

Application approved by (please sign on appropriate line):

Alumnus Adviser: _____ Date: _____

Chapter President: _____ Date: _____

Chapter Secretary: _____ Date: _____

Commission Chairman: _____ Date: _____

All alumnus initiates must be approved by the Chief Executive Officer BEFORE initiation

Intended date of initiation if approved by the Chief Executive Officer: _____

