

Δ E X TM
Texas Association of
DELTA EPSILON CHI

Texas-President Candidate Form

Name: _____ Phone: _____

Complete Home Address: _____

School Attending: _____

School Address: _____

Degree Program: _____

Place of Employment: _____ Phone: _____

Type of Business: _____ Position: _____

Duties: _____

DEX Offices Held: Local: _____ # of months _____

 Local: _____ # of months _____

 State: _____ # of months _____

Offices Held in Other Organizations

Organization's Name

Honors and Awards _____

I certify that I am an active member in good standing of the _____ chapter of the Texas Association of Delta Epsilon Chi. To the best of my knowledge, all information submitted is accurate and correct.

Date _____

(Officer Candidate Signature)

(Chapter Advisor's Name)

(Chapter Advisor's Name)

**Please fill in all blanks, keep one copy and fax one to: Candy Berkley, St. Philip's College,
Fax Number: (210)531-3351*

Attach: Page describing why you are seeking office and outline of goals for your term.