



# Texas Association of DELTA EPSILON CHI

Officer Candidate Information for

**COLLEGE:** \_\_\_\_\_ Vice-President

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

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

Degree program: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Position: \_\_\_\_\_

How many DEX members at your college? \_\_\_\_\_

List goals of your club for the year \_\_\_\_\_

DEX Offices Held: Local: \_\_\_\_\_ # of months \_\_\_\_\_

Local: \_\_\_\_\_ # of months \_\_\_\_\_

State: \_\_\_\_\_ # of months \_\_\_\_\_

Offices Held in Other Organizations: \_\_\_\_\_ Organization 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 bring one to the Fall Leadership Development Conference. Turn in at Registration Desk.*