

Chapter Name  Chapter Number  Chapter Type

Form 50

Chapter Address

City  State  Zip

Basileus Alternate Email  Website

## OMEGA PSI PHI FRATERNITY, INC.

### CHAPTER OFFICERS

Start Date

**Note:** Please complete this form and send a copy to the International Office and a copy to your local District Representative. You may submit this form online to the International Office by clicking the "Email Form" button at the bottom of the page.

| CHAPTER POSITION  | BROTHER'S NAME       | CONTROL#             | WORK PHONE           | HOME PHONE           | OFFICIAL EMAIL ADDRESS<br>ASSIGNED *** |
|---|----------------------|----------------------|----------------------|----------------------|--|
| *** Such as " <b>alpha</b> basileus@oppf.org"), where <b>alpha</b> is your chapter name. The EMAIL ADDRESS fields listed below are not entry fields. They are only intended to indicate the general structure of your IHQ-assigned address. |                      |                      |                      |                      |  |
| Basileus  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alphabasileus@oppf.org                 |
| Immediate Past Basileus   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| Vice Basileus   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alpha1vb@oppf.org                      |
| Keeper of Recds. and Seal   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alphakrs@oppf.org                      |
| Keeper of Finance   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alphakf@oppf.org                       |
| Chaplain  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alphachaplain@oppf.org                 |
| Editor  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | alphaeditor@oppf.org                   |
| Chapter Advisor   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |

NOTE: If this form is saved for later submission as an email attachment, be certain to email to **form50@oppf.org**. *Also, \*\*\* send a copy of this form to your District KRS.*