

**MILLIKIN UNIVERSITY FRATERNITY & SORORITY LIFE  
IMPORTANT CHAPTER CONTACTS FORM**

*Please provide contact information for the following stakeholders. If your chapter does not have a person that fills this role, please note that on this form.*

Organization: \_\_\_\_\_ Chapter Designation: \_\_\_\_\_

**Chapter President**

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Full Name: \_\_\_\_\_

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

Millikin ID Number: \_\_\_\_\_ Year in School: F S J Sr. Grad

**Chapter Risk Management Chair/Equivalent**

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Full Name: \_\_\_\_\_

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

Millikin ID Number: \_\_\_\_\_ Year in School: F S J Sr. Grad

**New Member Educator/Pledge Dean**

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Full Name: \_\_\_\_\_

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

Millikin ID Number: \_\_\_\_\_ Year in School: F S J Sr. Grad

**House Manager**

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Full Name: \_\_\_\_\_

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

Millikin ID Number: \_\_\_\_\_ Year in School: F S J Sr. Grad

**Chapter Advisor**

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Full Name: \_\_\_\_\_

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

Does this person live in Decatur? \_\_\_\_\_ Member from this chapter? \_\_\_\_\_



**MILLIKIN UNIVERSITY FRATERNITY & SORORITY LIFE  
IMPORTANT CHAPTER CONTACTS FORM CONT.'D**

**Recruitment/Intake Advisor** *(only if applicable)*

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does this person live in Decatur? \_\_\_\_\_

Member from this chapter? \_\_\_\_\_

**Faculty Advisor**

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Housing Corp. President/Equivalent** *(only if applicable)*

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Who owns your chapter facility? *(Circle one)*

Housing Corp.

Inter/national Office

Alumni/Graduate Chapter

Landlord

**House Mother** *(only if applicable)*

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does this person live in the chapter facility? \_\_\_\_\_

**Chapter Consultant/State Director**

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Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

This form must be returned to the Office of Inclusion and Student Engagement (Richards Treat University Center 121) at the **same time** you submit your semester roster. If you have any questions, call 217-424-3511.

