



Alpha Rho Chi Fraternity Member Information Form

Form S-1

Jan 2011

*Chapters: Use this form to collect contact and related information for pledges or new initiates.
Please use the Chapter Reporting System at crs.alpharhochi.org to record this information.*

BASIC INFORMATION (Enter all that apply)

Full Name: _____

Nickname*: _____

Maiden Name: _____

Birthdate: _____ (month) _____ (date) _____ (year)

Home Phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

E-mail 2: _____

PERMANENT ADDRESS (Used for national mailings, etc)

Address: _____

Address 2: _____

City: _____ State _____ ZIP _____

Country: _____

Parents' Names: _____

SCHOOL ADDRESS (For chapter use)

Address: _____

Address 2: _____

City: _____ State _____ ZIP _____

Country: _____

**Note we're more interested in knowing, for example, that Francis likes to be called "Frank" rather than that a few members of the chapter might call him "Skeeter"*