



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"*