



State Officer Chapter Visit Request Form

Complete this form and send it to the Zeta State President.

Chapter Requesting Visit: _____ District: _____

Name and position of officer whom you are asking to visit: _____

Contact Person: _____

Address _____

Phone: _____ E- mail: _____

Meeting Date Requested: First Choice _____

Second Choice _____

Third Choice _____

Time of Meeting: _____

Officer is to: (Please circle number for request)

1. () Speak to the group concerning: _____
2. () Visit the group only
3. () Install officers
4. () Conduct Initiation Ceremony

Directions to Meeting Location:

