



Delta Mu Delta

INTERNATIONAL HONOR SOCIETY IN BUSINESS

Faculty Adviser Contact Form for _____ Enter School Name Here

(Please complete one form for each person of authority)

<input type="checkbox"/> Faculty Adviser (FA) Full purchasing power. Receives full disclosure of chapter activities. Main point of contact.	<input type="checkbox"/> Dean (D) A Dean's contact form must remain on file at Delta Mu Delta.
<input type="checkbox"/> Co-Adviser (Co-FA) Full purchasing power. Receives full disclosure of chapter activities. Serves as the "back up" point of contact.	<input type="checkbox"/> Replacement ___ FA ___ Co-FA ___ S ___ D _____ Name of person replacing
<input type="checkbox"/> Support (S) Purchasing power ONLY with the approval of the FA or Co-FA's written permission. *Must be part of the school's faculty.	

MUST Select One <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	Name: _____ Title: _____ Physical Shipping Address: _____ (NO PO Boxes) _____ City: _____ State: _____ Zip: _____ Country: _____ <p style="text-align: center;">Is this a residential address? Yes No</p> Work Phone: _____ Cell Phone: _____ Email Address: _____ I understand that my role is to be the conduit between the chapter and the Society. I have read the chapter bylaws and pledge to follow both the chapter and the Society's bylaws. Signature: _____ Date: _____
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Delta Mu Delta Membership Are you currently a member of DMD?

Yes. Please indicate school and year of induction _____

No. You are required to add yourself as an honorary member in your chapter's next induction.

Chapter Information

Please send me a copy of the last recorded chapter bylaws.

Please send me a copy of the chapter's last filed Annual Report and Financial Statement.