

Send via first class mail to:
Tau Beta Pi
P.O. Box 2697
Knoxville, TN 37901-2697

Chapter _____
Date _____

Record of Signatures Statement

We certify that the legal signatures below are official. (They are necessary to provide signatures on replacement certificates and to verify membership report authority.)

Report filed:

Report of Eligibility
Report of Election
Report of Final Action
Officer Election Report
Fall Addresses for Chapter Officers
Chapter Survey

Signatures required:

President & Secretary
President & Secretary
President & Secretary
President & Secretary
President & Secretary
President, Secretary, & Advisor

Chapter President _____

Print President's Name: _____

Corresponding Secretary _____

Print Secretary's Name: _____

Chief Advisor _____

Print Chief Advisor's Name _____

(Note: One statement is required for each group of officers. This is a graded report.)