



WCU ALUMNI CHAPTER REQUEST FORM

PLEASE FILL OUT AND RETURN TO WCU ALUMNI RELATIONS OFFICE
(ALUMNI@WCUPA.EDU) FOR REVIEW AND APPROVAL.

CHAPTER NAME: _____

LOCATION/AFFILIATION: _____

FOUNDING MEMBER(S) – (NAME/CONTACT):

1. _____

2. _____

3. _____

4. _____

MISSION/PURPOSE:

STARTING A NEW CHAPTER REQUIRES THE INTEREST OF TEN (10) ALUMNI. PLEASE LIST NAME AND CLASS YEAR FOR INTERESTED ALUMNI.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

SUMBITTED BY: _____

SIGNATURE: _____

DATE: ____/____/____

FOR OFFICE USE ONLY

REVIEWED BY: _____ SIGNATURE: _____

DATE: ____/____/____

CIRCLE (ONE): APPROVED DENIED