**Alpha Chi Sigma**

**Alcohol Awareness Training Sign-In Sheet**

**Return this form to the** **National Office** **upon completion or by May 15.**

**Chapter name –**       **Date of training –**

**Number of active members and** **current pledges in your chapter’s records –**

I certify that the Alpha Chi Sigma members listed below

have completed the required alcohol awareness training.

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| Training instructor or chapter advisor’s signature  |  | Organization that provided the training |

Chapter officers must attend training. Please indicate the other officers from your chapter that may not be listed here.

| **Member Name\***\*If an officer was not present at this training session, please indicate “Not present” as the corresponding “Member Name” on the form. | **Pledge or Brother (indicate officer position)** |
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| 1.
 | Master Alchemist |
| 1.
 | Vice Master Alchemist |
| 1.
 | Reporter |
| 1.
 | Treasurer |
| 1.
 | Recorder |
| 1.
 | Master of Ceremonies |
| 1.
 | Alumni Secretary |
| 1.
 | Health & Safety Officer |
| 1.
 | Social Chair |
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