

DELTA SIGMA THETA SORORITY, INC.

A SERVICE SORORITY

1707 NEW HAMPSHIRE AVENUE, N.W.
WASHINGTON D.C. 20009

TO: EXECUTIVE DIRECTOR

PLEASE TYPE OR PRINT
FIRMLY WITH BALL POINT PEN

SUBJECT: VERIFICATION OF MEMBERSHIP

DATE:

KINDLY COMPLETE THESE FORMS IMMEDIATELY AND SUBMIT THEM TO YOUR LOCAL CHAPTER
TREASURER. THIS WILL INSURE AN ACCURATE RECORD OF YOUR MEMBERSHIP. YOUR
COOPERATION IN THIS MATTER WILL BE GREATLY APPRECIATED.

1. NAME MEMBER #

2. ADDRESS

CITY/STATE/ZIP

TELEPHONE (home)

(work)

EMAIL ADDRESS

3. NAME WHEN INITIATED

4. APPROXIMATE DATE OF INITIATION

5. CHAPTER IN WHICH INITIATED

NAME AT THAT TIME

6. LAST CHAPTER IN WHICH YOU PAID GRAND CHAPTER DUES

7. CHAPTER IN WHICH YOU WISH CURRENT MEMBERSHIP

CHAPTER PRESIDENT

CHAPTER TREASURER

STREET

DATE E-MAILED TO GRAND CHAPTER

CITY:

STATE:

ZIP

VERIFIED:

DATE: