

DELTA SIGMA THETA SORORITY, INC.

A SERVICE SORORITY

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

TO: EXECUTIVE DIRECTOR
SUBJECT: VERIFICATION OF MEMBERSHIP
DATE: _____

PLEASE TYPE OR PRINT
FIRMLY WITH BALL POINT PEN

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.

MEMBER # _____

1. NAME _____
2. ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____
3. NAME WHEN INITIATED _____
4. APPROXIMATE DATE OF INITIATION _____
5. CHAPTER IN WHICH INITIATED _____
6. LAST CHAPTER IN WHICH YOU PAID GRAND CHAPTER DUES _____
NAME AT THAT TIME _____
7. CHAPTER IN WHICH YOU WISH CURRENT MEMBERSHIP _____

CHAPTER PRESIDENT

STREET

NAME OF COLLEGE

CITY _____ STATE _____ ZIP _____

VERIFIED: _____

DATE: _____

CHAPTER TREASURER

DATE MAILED TO GRAND CHAPTER

SEND ALL COPIES TO COORDINATOR, IS

DO NOT DETACH