

Delta Sigma Theta Sorority, Inc.
A Service Sorority
GRAND CHAPTER

DUPLICATE MEMBERSHIP CARD REQUEST FORM

Member No: _____

Name: _____

Please print name as you wish it to appear on your card. Only 26 characters and spaces are embossed on the card.

Current Chapter: _____

Mailing Address: _____

City/State: _____ Zip code: _____

Telephone Home: _____ Work: _____

Email Address _____

If your member number is unknown, please complete the following information:

Name When Initiated: _____

Chapter of Initiation: _____

Date When Initiated: _____

Signature

Date

NOTE: Please allow at least four to six weeks for processing. Mail, fax (202.797-7520) or email the form to memberrelations@deltasigmatheta.org