

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 (home) _____ (work) _____
EMAIL ADDRESS _____
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
Carolyn Sanders
STREET
PO Box 1364

CHAPTER TREASURER
Robyn Hughes
DATE E-MAILED TO GRAND CHAPTER

CITY Indianapolis STATE IN ZIP 46206-1364

VERIFIED: _____ DATE _____