

**Indianapolis Alumnae Chapter
SOROR DATA FORM**

TODAY'S DATE:

PERSONAL INFORMATION

PLEASE PRINT LEGIBLY

Name:

Date of birth
(Day/Month/Year):

Home Phone:

Mobile Phone:

Phone Number You Prefer To Receive Calling Post Announcements On: **PLEASE ONLY SELECT ONE**

Home Phone Mobile Phone Neither - I do not prefer to be on the Calling Post

Current address:

City:

State:

Zip Code:

Primary Email To Receive DST-Loop Emails (no work emails):

Other Email:

DELTA INFORMATION

PLEASE CHECK ✓ YOUR CATEGORY

Chapter of Initiation:

Greatest Generation (1901-1924)

Year of Initiation:

Silent Generation (1925-1945)

Last Name When Initiated:

Baby Boomers (1946-1964)

Member Number (if known):

Generation X (1965-1979)

Generation Y/Millennials (1980-1997)

**OTHER ORGANIZATIONS
(I.E. NOT FOR PROFIT, SOCIAL...ETC)**

SKILL INVENTORY

Employer:

Occupation:

Please Check All Applicable Skills

Accounting/Finance

Media Relations

Advertising/Marketing/PR

Mediation/Negotiation

Archiving/Scrapbooking

Political Involvement

Data Collection/Analysis
Surveying

Photography

Event Planning

Presentation/Speaking

Fund Raising/Development
Grant Writing

Strategic Planning

Group Facilitation

Training/Teaching

Interviewing

Youth Engagement

Journalism

Other _____

Please complete this form and return in person, via email or via U.S. Postal mail to:

Rev. Crystal Brown - 2nd Vice President

vpresident2@dstiac.org

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