

# 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

PLEASE TYPE OR PRINT  
FIRMLY WITH BALL POINT PEN

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.

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

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CHAPTER PRESIDENT

STREET

CHAPTER TREASURER

DATE E-MAILED TO GRAND CHAPTER

CITY:

STATE:

ZIP

VERIFIED:

DATE: