

Delta Sigma Theta Sorority, Inc.
A Service Sorority
Grand Chapter

To: Executive Director

Subject: Verification of Membership

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) (cell) | |
| 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 | |
| 8. Name of the person who invited you to the meeting | |

Chapter President

Chapter Treasurer

Street

City/State/Zip code

Date emailed to Grand Chapter

Verified:

Date