

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:

Kindly complete this form immediately and submit it to your local chapter Treasurer. This will insure an accurate record of your membership. Your cooperation in this matter will be greatly appreciated.

Member #

Name

Address

City/State/Zip

Telephone (Home):

(Work)

Name when initiated:

Approximate Date of Initiation

Chapter in which Initiated

Last chapter in which you paid Grand Chapter dues

Name at that time

Chapter in which you wish current membership

Chapter President

Chapter Treasurer

Street

Date emailed to Grand Chapter

City/State/Zip

Verified by:

Date

Email completed form to: memberverification@deltasigmatheta.org