

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 THE VISITOR SECTION OF 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.

1. NAME MEMBER #

2. ADDRESS

CITY/STATE/ZIP

3. TELEPHONE (home) (work)

4. NAME WHEN INITIATED

5. APPROXIMATE DATE OF INITIATION

6. CHAPTER IN WHICH INITIATED

7. LAST CHAPTER IN WHICH YOU PAID GRAND CHAPTER DUES

NAME AT THAT TIME

8. CHAPTER IN WHICH YOU WISH CURRENT MEMBERSHIP

CHAPTER PRESIDENT

CHAPTER TREASURER

STREET

DATE E-MAILED TO GRAND CHAPTER

CITY

STATE

Email completed form to:
memberverification@columbiascdelta.com.

ZIP

VERIFIED BY:

DATE: