DELTA SIGMA THETA SORORITY, INC.

A SERVICE SORORITY

1707 NEW HAMPSHIRE AVENUE, N.W. WASHINGTON D.C. 20009

TO:	EXECUTIVE DIRECTOR		
SUBJECT:	VERIFICATIO	ON 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 #		
1. NAME			
2. ADDRESS CITY/STA TELEPHO			(work)
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			
CHAPTER PRESIDENT			CHAPTER TREASURER
STREET			DATE E-MAILED TO GRAND CHAPTER
CITY	STATE	ZIP	Email completed form to: memberverification@deltasigmatheta.org

VERIFIED BY:

DATE