**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 #

1. NAME
2. ADDRESS

CITY/STATE/ZIP

TELEPHONE (home)       (work)

3. NAME WHEN INITIATED

4. APPROXIMATE DATE OF INITIATION

1. CHAPTER IN WHICH INITIATED
2. LAST CHAPTER IN WHICH YOU PAID GRAND CHAPTER DUES

NAME AT THAT TIME

1. 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**