

Delta Sigma Theta Sorority, Inc.

Membership Verification Form

Please complete the following form. This will ensure an accurate record of your membership.

1. Name: _____ At time of initiation if different: _____
2. Membership Number: _____
3. Street Address: _____
City/State/Zip: _____
4. Home Phone: _____ Cell: _____ Work: _____
5. Date or approximate date of initiation: _____
6. Name of chapter in which initiated: _____
7. Last chapter in which you paid Grand Chapter dues or Member at Large:

8. Are you interested in joining the Anniston Alumnae Chapter of Delta Sigma Theta?
YES___ NO___

Soror, we want to thank you for visiting the Anniston Alumnae Chapter. We hope that you feel the warm joy of sisterhood and love. We would like to welcome you back at any time and hope that you become a permanent presence in the chapter.

Yours in Delta,

Return final form by email to the First Vice President at 1stvicepresident.dst.aac@gmail.com.