

Remit Payment to: Delta Sigma Theta Sorority, Inc.
 PO Box 18630 Milwaukee, WI 53218



Membership Type: <input type="checkbox"/> Regular <input type="checkbox"/> Golden Life <input type="checkbox"/> Diamond Life <input type="checkbox"/> Delta DEAR

Annual Dues Form

Fiscal Year: _____

Soror Information

Name: _____ Date: _____

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Membership #: _____ Birth Date (mm/dd): _____

Are you a registered voter? YES NO Are you being reclaimed (returning after 2+ yrs.)? YES NO

Do you have a graduate degree? YES NO If yes, by who? _____

Newsletter preference? Hard Copy Electronic

Please check the box with the year you were born:

Greatest (1901-1924)	Silent (1925 – 1945)	Baby Boomers (1946 – 1964)	Generation X (1965 – 1979)	Generation Y (1980 – 1996)	Generation Z (1997 – Present)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the amount you will add to your dues payment for the following national initiatives (optional):

DREF (Delta Research & Educational Foundation)	Professor Endowed Chair Donation	International Sustainability Initiative Contribution	Preserve Our Legacy Fund Initiative
\$ _____	\$ _____	\$ _____	\$ _____

Unknown Membership Number

Chapter of Initiation: _____

Name at Initiation: _____

Date/Year of Initiation: _____

Last Chapter Where You Paid National Dues: _____

For Internal Use Only

Check # / Amount: _____

Submitted By / Date: _____

<p style="text-align: center;">Fee Assessment</p> <p>If dues are paid after the dates listed below, please add the applicable fee to your payment. These fees are waived for Diamond Life and Golden Life members.</p> <ul style="list-style-type: none"> 09/30 - \$10 late fee 09/30 - \$15 (1-year reinstatement) 09/30 - \$30 (2+ years reinstatement)
