



Delta Sigma Theta Sorority, Inc.

Dues Transfer Form

Member Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Membership Number: _____ Name at Initiation: _____
 Region of Initiation: _____

Chapter of Initiation: _____

Former Chapter

Chapter Name: _____ Transfer Date: _____

Treasurer: _____ President: _____

Treasurer Email: _____ President E-mail: _____

Treasurer Phone: () _____ President Phone: () _____

Annual Dues: \$ _____ Dues Remaining: \$ _____

Chapter Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

New Chapter

Chapter Name: **Metropolitan Dallas Alumnae** Region: **Southwest**

Financial Secretary: **Marks** **Ursela**
Last *First* *M.I.*

Financial Secretary Phone: (469) 751-8782 Local Dues: **\$250.00**

Chapter Address: **2525 MLK Blvd**
Street Address *Apartment/Unit #*

Dallas **TX** **75215**
City *State* *ZIP Code*

I, _____ authorize _____ to make this request to transfer my local dues
Soror Name New Chapter Name

from _____
Former Chapter Name

Soror Signature

Date

ALL CHECKS SHOULD BE MADE PAYABLE TO THE NEW CHAPTER AND MAILED DIRECTLY TO THE NEW CHAPTER MAILBOX