|  |  |  |
| --- | --- | --- |
| **Send form and fees to:**  Delta Sigma Theta  Philadelphia Alumnae Chapter  *Attn: Financial Secretary*  P.O. Box 2356  Bala Cynwyd, PA 19004-6356    \*\*Reminder: Review your information online by logging onto National Members Only website. | NATIONAL DUES  MEMBER-AT-LARGE, REGION ($200 MAL Fee includes Per Capita Fee)  LATE FEE (If currently financial and remitted  between April 1 and June 30, enter $5.00)  REINSTATEMENT FEE (If currently un-financial or payment is remitted. After June 30, enter $15.00.  **Enter $25 if not financial for two or more years)**  CATEGORY CHANGE FEE  (Changing status from Regular Member to Member-at-Large or from  Member-at-Large to Regular Member - $25.00)    PER CAPITA FEE    PROFESSOR ENDOWED CHAIR DONATION  DELTA RESEARCH & ED. FOUNDATION  PRESERVE OUR LEGACY INITIATIVE  INTERNATIONAL SUSTAINABILITY  INITIATIVE CONTRIBUTION  LOCAL DUES  TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_150\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_160\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE PRINT or TYPE!**

**MEMBER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_\_ LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHAPTER NAME \_\_**Philadelphia Alumnae **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAPTER NO. \_\_**0294**\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Contact Phone** (Circle One):Home Cell **Are you being reclaimed?** (Circle One):Yes No

**Are you transferring into the chapter?** (Circle One) Yes No **Former chapter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former chapter president name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former President’s Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***To Be Completed by Finance Team:***

**Check Number: \_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_ Red Zone: \_\_\_\_\_\_\_\_\_\_**

***This form is for informational purposes only and should not be submitted to National Headquarters. The Financial Secretary will submit all Membership dues to National Headquarters***