Delta Sigma Theta Sorority, Inc.
GOLDEN or DIAMOND LIFE Member
Membership Dues Renewal
FY 2026 (1/1/2026 – 12/31/2026)

Please send form with payment beginning 7/1/2025 to:

Delta Sigma Theta
Philadelphia Alumnae Chapter
Attn: Financial Secretary
P.O. Box 2356
Bala Cynwyd, PA 19004-6356

Please Note:
~~Dues must be paid to the chapter by October 15, 2025, to avoid additional fees.~~
~~Dues paid between October 16, 2025 – December 15, 2025 will incur a $10 late fee.~~
~~Dues paid after December 15, 2025 will incur a $15 reinstatement fee.~~
Golden and Diamond Life Members are not assessed late or reinstatement fees.

This form does not update your records at National Headquarters. You may update your information by logging onto National website > Members Portal www.Deltasigmatheta.org

~~**NATIONAL DUES**~~	$ 0.00
~~**LATE FEE** (If currently financial and remitted between October 16th and December 15th, enter $10.00)~~	$
~~**REINSTATEMENT FEE** (If currently unfinancial or payment is remitted after December 15, 2025, enter $15.00. Enter $30 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	$ 10.00
LOCAL DUES	$ 150.00
TOTAL (Per Capita + Local Dues)	$ 160.00
TOTAL DUE (If including other fees)	$

PLEASE PRINT or TYPE!

CHAPTER NAME Philadelphia Alumnae **CHAPTER NO.** 0294 **MEMBER NO.** _____

(As listed at Headquarters) FIRST NAME _____ **MI**_____ **LAST NAME** _____

ADDRESS _____

CITY _____**STATE** _____ **ZIP** _____

Preferred PHONE (_____) _____ **E-MAIL ADDRESS** _____

DOB (MM/DD/YYYY): _____ **AGE RANGE (circle one): 18-39 | 40-61 | DEAR 62+**

Are you being reclaimed? (Circle One): Yes No **Are you transferring into the chapter?** (Circle One) Yes No

If yes, please provide the name of your former chapter name: _____

Chapter of Initiation: _____ **Date of Initiation (MM/DD/YYYY):**_____

Occupation (or Former Occupation if retired): _____**Place of Employment:** _____

Skills/Areas of Expertise: _____

****

To Be Completed by Finance Team:

Payment Type: Cash/ MO/ Check#/ CC/ SQ/PP: _____ **Date:** _____**Received by:** _____ **Red Zone Entry:** _____

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