## Delta Sigma Theta Sorority, Inc.

## **REGULAR Member**

## **Membership Dues Renewal**

FY 2026 (1/1/2026 - 12/31/2026)

Please send form with payment beginning 7/1/2025 to:	NATIONAL DUES	\$ 190.00
beginning // 1/2023 to.	LATE FEE (If currently financial and remitted between	
Delta Sigma Theta	October 16th and December 15th, enter \$10.00)	\$
Philadelphia Alumnae Chapter	<b>REINSTATEMENT FEE</b> (If currently not financial or payment is remitted after December 15, 2025, enter	
Attn: Financial Secretary	\$15.00. Enter \$30 if not financial for two or more years.)	\$
P.O. Box 2356 Bala Cynwyd, PA 19004-6356	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
Please Note:		Y
Dues must be paid to the chapter by October 15, 2025, to avoid additional fees.	LOCAL DUES	\$_ <u>150.00</u>
Dues paid between October 16, 2025 – December 15, 2025, will incur a \$10 late fee.	TOTAL (Per Capita + Local Dues)	\$ <u>350.00</u>
Dues paid after December 15, 2025, will incur a \$15 reinstatement fee.	TOTAL DUE (If including other 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		
(As listed at Headquarters) FIRST NAME	MILAST NAME	
(As listed at Headquarters) FIRST NAME	MILAST NAME	
(As listed at Headquarters) FIRST NAME  ADDRESS  CITY  STATE	MILAST NAME	
(As listed at Headquarters) FIRST NAME         ADDRESS         CITY       STATE         Preferred PHONE ()       E-MAIL ADDRE	MILAST NAME  ZIP	
(As listed at Headquarters) FIRST NAME         ADDRESS         CITY	MILAST NAME  ZIP	
(As listed at Headquarters) FIRST NAME  ADDRESS  CITY STATE  Preferred PHONE () E-MAIL ADDRE  DOB (MM/DD/YYYY): AGE RANGE (circle of the policy of the poli	MILAST NAME ZIP ESS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One	e) Yes No
(As listed at Headquarters) FIRST NAME  ADDRESS  CITY STATE  Preferred PHONE () E-MAIL ADDRE  DOB (MM/DD/YYYYY): AGE RANGE (circle of the composition of th	MILAST NAMEZIP ESS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One	e) Yes No
ADDRESS  CITYSTATE  Preferred PHONE () AGE RANGE (circle of Are you being reclaimed? (Circle One): Yes No Are  If yes, please provide the name of your former chapter name: Date of Chapter of Initiation: Date of Chapter of Initiation in	MILAST NAMEZIP  ESS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One	e) Yes No
(As listed at Headquarters) FIRST NAME         ADDRESS         CITY	MILAST NAMEZIP  ESS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One of Initiation (MM/DD/YYYY): Place of Employment:	e) Yes No
(As listed at Headquarters) FIRST NAME  ADDRESS  CITY STATE  Preferred PHONE () AGE RANGE (circle of the policy of th	MILAST NAMEZIP  ESS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One of Initiation (MM/DD/YYYY): Place of Employment:	e) Yes No
(As listed at Headquarters) FIRST NAME  ADDRESS  CITY STATE  Preferred PHONE () AGE RANGE (circle of Are you being reclaimed? (Circle One): Yes No Are  If yes, please provide the name of your former chapter name:  Chapter of Initiation: Date of Occupation (or Former Occupation if retired):  Skills/Areas of Expertise:	MILAST NAMEZIP  SSS one): 18-39   40-61   DEAR 62+  you transferring into the chapter? (Circle One of Initiation (MM/DD/YYYY):  Place of Employment:	e) Yes No