

Delta Sigma Theta Sorority, Inc.
REGULAR Member
Membership Dues Renewal
FY 2027 (1/1/2027 – 12/31/2027)

**Please send form with payment
beginning 7/1/2026 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 September 15, 2026, to avoid additional fees and allow processing time.

Dues paid between September 16, 2026 –

December 15, 2026, will incur a \$10 late fee.

Dues paid after December 15, 2026, will incur a \$15 reinstatement fee.

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

\$ 190.00

LATE FEE (If currently financial and remitted between September 16th and December 15th, enter \$10.00)

\$ 10.00

OR

REINSTATEMENT FEE (If currently not financial or payment is remitted after December 15, 2026, 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)

\$ 360.00

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): _____ **GENERATION CLASSIFICATION (circle one):** 18-39 | 40-61 | DEAR 62+

MEMBER STATUS (circle one): Currently Financial | Returning Chapter Member | Reclaimed (not financial for 2 or more years)

New – Collegiate Transfer | New - Alumnae Transfer

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

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

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

Skills/Areas of Expertise: _____

____ **Please check here if any information provided is an update from your previous submission.**

To Be Completed by Finance Team:

Credit Card Information _____ **Last 4 Digits** _____

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.