



# 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: \_\_\_\_\_

Chapter of Initiation: \_\_\_\_\_ Region 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: \_\_\_\_\_ Region: \_\_\_\_\_

Financial Secretary: \_\_\_\_\_

\_\_\_\_\_ *Last* *First* *M.I.*

Financial Secretary Phone: (    ) \_\_\_\_\_ Local Dues: \_\_\_\_\_

