

**DELTA SIGMA THETA SORORITY, INC.**

A Service Sorority

Grand Chapter

1707 New Hampshire Avenue, N.W.

Washington, DC 20009

**CHAPTER RULES OF ORDER FORM - 20 - 20**

**Instructions:** Chapters **MUST** submit this form each fiscal year by June 30<sup>th</sup> to the Regional Member of the Scholarship & Standards Committee. Once approved by the Regional Member of Scholarship & Standards Committee each chapter member **MUST** receive a copy of this completed form. Newly established or reactivated chapters **MUST** submit within 30 days of establishment or reactivation.

**Policies & Procedures Confirmation**

Please confirm if there have been changes to Chapter Policies & Procedures since the last approval date.

NO

YES — If YES, please submit revised Policies &amp; Procedures.

|  |   |              |           |   |              |
|--|---|--------------|-----------|---|--------------|
| <b>To</b>  | <b>National Scholarship &amp; Standards Regional Committee Member</b> |              |           |   |              |
| <b>From</b>  | <b>Chapter Name</b>   |              |           | <b>Chapter #</b>                                      |              |
|  | <b>Chapter President</b>  |              |           | <b>Charter Date</b>                                   |              |
|  | <b>Chapter Email</b>  |              |           |   |              |
|  | <b># of Financial Members</b>   |              |           | <b>Region</b>   |              |
| <b>Chapter Service Area(s)</b>   |   |              |           |   |              |
| <b>Mailing Address</b>   |   |              |           |   |              |
| <b>City</b>  |   | <b>State</b> |           | <b>Zip Code</b>                                       |              |
| <b>Chapter Meeting Day</b>   |   |              |           |   |              |
| <b>Meeting Time</b>  |   | <b>AM</b>    | <b>PM</b> | <b>Frequency</b>                                      | <b>Other</b> |
| <b>Percentage of the financial membership that constitutes a quorum (Example: 20%)</b> |   |              |           | <b>Amount of Local Chapter Dues for Sorority Year</b> |              |
| <b>Month of Chapter Elections</b>  |   |              |           | <b>Month of Installation Ceremony</b>                 |              |

**Elected Officers (If applicable add...Assistant Financial Secretary and Assistant Treasurer):**

**Every chapter MUST have the following Elected Officers (depending on chapter size):**

**President, Recording Secretary, Treasurer, Vice-President, Corresponding Secretary, Financial Secretary.**

**Appointed Positions (Must be consistent with Policies & Procedures—i.e. Parliamentarian, Chaplain, Sergeant-at-Arms, etc.):**

**Must be consistent with Policies & Procedures—i.e. Parliamentarian, Chaplain, Sergeant- at-Arms, etc.**

**Elected Positions (Must be consistent with Policies & Procedures):**

**Every chapter MUST have the following Elected Positions (depending on chapter size): Internal Audit Committee Chair, Nominating Committee Chair, Nominating Committee, Minerva Circle. Must also include Parliamentarian, Chaplain, etc – if elected.**

**Standing Committee (Must be consistent with Policies & Procedures):**

**Every chapter MUST have the following Standing Committees (depending on chapter size): Internal Audit, Nominating, Policies & Procedures, Finance and Program, Planning & Development (PP&D), Social Action.**

**Special Committees (Must be consistent with Policies & Procedures—i.e. Founders Day, Minerva Circle, etc.):**

**Every chapter MUST have an Elections Committee.**

*There are NO restrictions on new initiates, such as requiring them to be members for a certain period of time before they can vote. Once initiated, a member has full rights and privileges of the chapter and cannot be denied the right to vote.*

**Process for selection of voting/alternate delegates and other chapter representatives:**

*If not already designated per the chapter Policies and Procedures, it is highly recommended that the chapter decide on the Regional Conference and National Convention voting and alternate delegate by chapter vote. In addition, include the method for how members are selected to serve as the chapter representative at State and/or Cluster Meetings, Delta Days in the Nation's Capital and State Delta Days.*

|  |  |
|--|--|
| <b>Voting Delegate</b>                                   |  |
| <b>Alternate Delegate</b>                                |  |
| <b>Delta Days in the Nation's Capital Representative</b> |  |
| <b>State Delta Days Representative</b>                   |  |
| <b>Cluster Meeting Representative</b>                    |  |
| <b>State Meeting Representative</b>                      |  |

**Advisors Section: For Collegiate Chapters Only.** Advisors must be selected & voted upon, by position, by the chapter

|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| <b>Primary Advisor</b>         |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Secondary Advisor</b>       |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Advisory Council Member</b> |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Advisory Council Member</b> |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Advisory Council Member</b> |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Advisory Council Member</b> |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |
|                                |  |                        |  |
| <b>Advisory Council Member</b> |  |                        |  |
| <b>Email Address</b>           |  |                        |  |
| <b>Day Phone #</b>             |  | <b>Evening Phone #</b> |  |

**Chapter Confirmation**

|   |             |                |           |
|---|-------------|----------------|-----------|
| <b>Policies and Procedures Chair</b>  |             |                |           |
| <b>Email Address</b>  |             | <b>Phone #</b> |           |
|   |             |                |           |
| <b>Chapter President</b>  |             |                |           |
| <b>Email Address</b>  |             | <b>Phone #</b> |           |
| <b>Signature</b>  | Olana Figgs | <b>Date</b>    | 9/18/2021 |
| <i>DO NOT provide Signature and Date for submittal to Scholarship &amp; Standards Committee. Please provide Signature and Date only once the document has been approved by S&amp;S and before chapter distribution.</i> |             |                |           |