**Fayetteville Alumnae Chapter**

**Delta Sigma Theta Sorority, Incorporated**

**Post Office Box 403**

**Fayetteville, NC 28302**

**www.faydeltaalumnaechapter.org**

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| **Send form and fees to:**  Fayetteville Alumnae Chapter  Delta Sigma Theta Sorority, Inc.  *Attn: Financial Secretary*  P.O. Box 403  Fayetteville, NC 28302    Please Note:   * This form does not update your records at National Headquarters. * You may update your information there by logging onto National website > Members Portal [www.Deltasigmatheta.org](http://www.Deltasigmatheta.org) | Regular Member-NATIONAL DUES  MEMBER-AT-LARGE, REGION ($200 MAL Fee includes Per Capita Fee)  LATE FEE (If currently financial and remitted  between April 1 and June 30, enter $10.00)  REINSTATEMENT FEE (If currently un-financial or payment is remitted. After June 30, 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 - $25.00)    PER CAPITA FEE  PROFESSOR ENDOWED CHAIR DONATION  DELTA RESEARCH & ED. FOUNDATION  PRESERVE OUR LEGACY INITIATIVE  INTERNATIONAL SUSTAINABILITY  INITIATIVE CONTRIBUTION  LOCAL DUES  TOTAL | **$**\_\_**190\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_  $ \_\_**145.00**\_\_**\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**PLEASE PRINT or TYPE!**

**CHAPTER NAME \_\_**FAYETTEVILLE ALUMNAE **CHAPTER NO.** 0201 **MEMBER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(As listed at Headquarters) FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_\_ LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_**

**DOB (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE RANGE (circle all that apply): ( ) ALUMNAE ( ) DEAR (62+) ( ) GOLDEN LIFE ( ) DIAMOND LIFE**

**HOME PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Contact Phone** (Circle One):Home Cell **Are you being reclaimed?** (Circle One):Yes No

**Are you transferring into the chapter?** (Circle One) Yes No **Former chapter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former chapter president name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1/2020