**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 ChapterDelta Sigma Theta Sorority, Inc.*Attn: Financial Secretary*P.O. Box 403Fayetteville, 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 - $25.00)PER CAPITA FEEPROFESSOR ENDOWED CHAIR DONATION DELTA RESEARCH & ED. FOUNDATIONPRESERVE OUR LEGACY INITIATIVE INTERNATIONAL SUSTAINABILITY INITIATIVE CONTRIBUTION LOCAL DUES TOTAL  | **$**\_\_**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