



# 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: \_\_\_\_\_  
 Region of Initiation: \_\_\_\_\_

Chapter 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: \$ \_\_\_\_\_

Chapter Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

I, \_\_\_\_\_ authorize \_\_\_\_\_ to make this request to transfer my local dues  
Soror Name New Chapter Name  
 from \_\_\_\_\_.  
Former Chapter Name

\_\_\_\_\_  
Soror Signature

\_\_\_\_\_  
Date

**ALL CHECKS SHOULD BE MADE PAYABLE TO THE NEW CHAPTER AND MAILED DIRECTLY TO THE NEW CHAPTER MAILBOX**