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| --- | --- | --- |
| **Please send form with payment beginning 7/1/2025** to:Delta Sigma ThetaPhiladelphia Alumnae ChapterAttn: Financial SecretaryP.O. Box 2356 Bala Cynwyd, PA 19004-6356  Please Note: Dues must be paid to the chapter by September 15, 2025, to avoid additional fees.Dues paid between September 16, 2025 – December 15, 2025, will incur a $10 late fee.Dues paid after December 15, 2025, will incur a $15 reinstatement fee.This form does not update your records at National Headquarters. You may update your information by logging onto National website > Members Portal [www.Deltasigmatheta.org](http://www.Deltasigmatheta.org) |  **NATIONAL DUES**  **LATE FEE** (If currently financial and remitted between  September 15th and December 15th, enter $10.00)  **REINSTATEMENT FEE** (If currently not financial or  payment is remitted after December 15, 2025, 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**  **LOCAL DUES**  **TOTAL** (Per Capita + Local Dues)   **TOTAL DUE** (If including other fees)  | $\_\_ 190.00\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_ 10.00\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_150.00\_\_\_\_\_\_$ \_350.00\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE PRINT or TYPE!**

**CHAPTER NAME \_\_**Philadelphia Alumnae **CHAPTER NO.** 0294 **MEMBER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Preferred PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB** **(MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE RANGE (circle one): DOLL (18-39) | DIVA (40-61) | DEAR (62+)**

 **Are you being reclaimed?** (Circle One):Yes No **Are you transferring into the chapter?** (Circle One) Yes No

**If yes, please provide the name of your former chapter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter of Initiation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Initiation** **(MM/DD/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation (or Former Occupation if retired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Skills/Areas of Expertise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**