**Membership Verification Form**

Please complete the following form. This will ensure an accurate record of your membership.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At time of initiation if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date or approximate date of initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of chapter in which initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Last chapter in which you paid Grand Chapter dues or Member at Large: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Chapter in which you wish current membership:  Brooklyn Alumnae Chapter (#174)

(Soror, please return this file in the Word format. Thank you.)

For Internal BAC Processing Only

**Instructions for Processing: Membership will verify information, the Financial Secretary will accept and record payment of fees, the Treasurer will process the fees and pass form to the Corresponding Secretary. The Corresponding Secretary will pass the form back the Membership for orientation to the Chapter.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership | Financial Secretary | Treasurer | Corresponding Secretary | Membership |
| Verify standing in Delta Sigma Theta Sorority, Inc.Verified: | Payment[ ] Check # \_\_\_\_\_\_\_\_\_\_[ ] M.O. # \_\_\_\_\_\_\_\_\_\_[ ] Cash Amount paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Initial and date when completed | Enter data for receipt of electronic and print correspondence | Provide Soror with proper Chapter documentation and orientation |

**Return final form to First Vice President at membership@brooklynalumnaedst.org**