

DELTA THETA TAU SORORITY, INC.

ALUMNAE REGISTRATION SHEET FORM 2

Due JUNE 15, \$15.00 late fee after June 15

Date: _____	Federal I.D. Number: _____	City _____	State _____
Charter Date: _____	Alumnae Name _____		
RITUAL NUMBER _____	email: _____		

ALUMNAE MEMBERS (as of June 1st)

	me: Last, First (List Alphabetically)	Address, Zip + 4	: Number (with Area Code)	Nat'l Dues	Delta Home	GRIT	Total
1	President						
2	Sec. Treasurer						
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Mail to Executive Secretary with white copy of Form #7. Copy this form for your records.

ALUMNAE MEMBERS (continued)

26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							

Amount Total

X _____
 President

X _____
 Recording Secretary