

INDIVIDUAL MEMBERSHIP RECORD

DELTA THETA TAU SORORITY, INC.

Name	Chapter
Date Pledged	Date Initiated
Initiating Chapter	Charter Member: Yes No
Address	Phone
Address	Phone
Address	Phone
Address	Phone
Address	Phone

CHANGE IN MEMBERSHIP STATUS:

(Place dates in consecutive columns)

Active														
Associate														
Student														
Member-at-large														
Alumnae														
Transfer Out														
Transfer In														
Withdrawal														

DATES AND OTHER INFORMATION:

Offices Held—Chapter:

Offices Held—National:

Delegate—National:

Delegate—Province:

Benefit Applications:

Benefit Paid:

Other Information:

If member transfers to another chapter, send copy of this form to chapter with which she is affiliating