

DELTA THETA TAU SORORITY, INC.

ALUMNAE REGISTRATION SHEET FORM 2

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

Date: <hr/> Charter Date: <hr/> RITUAL NUMBER <hr/>	Federal I.D. Number: <hr/>	City <hr/> Alumnae Name <hr/> email: <hr/>	State <hr/>
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ALUMNAE MEMBERS (as of June 1st)

	Name: Last, First (List Alphabetically)	Address, Zip + 4	Phone Number (with Area Code)	Nat'l Dues	Delta Home	GRIT	Total
1	President						
2	Sec. Treasurer						
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4							
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Mail to Executive Secretary with white copy of Form #7. Copy this form for your records.

ALUMNAE MEMBERS (continued)

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48						

Amount Total

X _____
President

X _____
Recording Secretary