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| **Send form and fees to:**Delta Sigma ThetaLake Charles Alumnae Chapter*Attn: Financial Secretary*P.O. Box 386 Lake Charles, LA 70602 Please Note: * This form does not update your records at National Headquarters. You may update your information there by logging onto National website > Members Portal www.Deltasigmatheta.org
* A $5 late fee must be included. Submit by **June 20, 2019** to avoid $15 reinstatement fee.
 | NATIONAL DUES MEMBER-AT-LARGE, REGION ($200 MAL Fee includes Per Capita Fee) LATE FEE (If currently financial and remitted between April 1 and June 30, enter $5.00) REINSTATEMENT FEE (If currently un-financial or payment is remitted. After June 30, enter $15.00. **Enter $25 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 PROFESSOR ENDOWED CHAIR DONATION DELTA RESEARCH & ED. FOUNDATIONPRESERVE OUR LEGACY INITIATIVE INTERNATIONAL SUSTAINABILITY INITIATIVE CONTRIBUTION LOCAL DUES TOTAL  | $\_\_190\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_200\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_400**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PLEASE PRINT or TYPE!**

**CHAPTER NAME \_\_**Lake Charles Alumnae **\_\_\_\_\_\_\_\_\_\_\_ CHAPTER NO. \_\_**0237**\_\_\_\_\_\_\_\_\_ MEMBER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE RANGE (circle one): DOLL (18-40) | DIVA (41-61) | DEAR (62+)**

**HOME PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE (A/C\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Contact Phone** (Circle One):Home Cell **Are you being reclaimed?** (Circle One):Yes No

**Are you transferring into the chapter?** (Circle One) Yes No **Former chapter name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former chapter president name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former President’s Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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