



Indianapolis Alumnae Chapter – Delta Sigma Theta Sorority, Incorporated

VERIFICATION OF MEMBERSHIP FORM

KINDLY COMPLETE THIS FORM IMMEDIATELY AND SUBMIT TO THE IAC CHAPTER TREASURER. THIS WILL INSURE AN ACCURATE RECORD OF YOUR MEMBERSHIP. YOUR COOPERATION IN THIS MATTER WILL BE GREATLY APPRECIATED.

Name

Address

City, State

Zip Code

Email Address

Member Number

Name When Initiated

Approximate Date of Initiation



Chapter In Which Initiated

Last Chapter In Which Paid Grand Chapter Dues

Name At That Time

Chapter In Which You Wish Current Membership

For Local Chapter Use Only:

Chapter President
Dr. Quiona Russell

Treasurer
LaTasha Stubblefield

Local Chapter Address:
P.O. Box 1364
Indianapolis, IN 46206-1364

Date Submitted To Grand Chapter _____

Verified (Yes/No) _____