

**INDIVIDUAL MEMBERSHIP RECORD**  
DELTA THETA TAU SORORITY, INC.

<u>Name</u>	<u>Chapter</u>
<u>Date Pledged</u>	<u>Date Initiated</u>
<u>Initiating Chapter</u>	Charter Member: Yes <u>    </u> No <u>    </u>
<u>Address</u>	<u>Phone</u>
<u>Address</u>	<u>Phone</u>
<u>Address</u>	<u>Phone</u>
<u>Address</u>	<u>Phone</u>
<u>Address</u>	<u>Phone</u>

**CHANGE IN MEMBERSHIP STATUS:**  
(Place dates in consecutive columns)

Active										
Associate										
Student										
Member-at-Large										
Alumnae										
Transfer Out										
Transfer In										
Withdrawl										

**DATES AND OTHER INFORMATION:**

Offices Held – Chapter:

\_\_\_\_\_

\_\_\_\_\_

Offices Held – National:

\_\_\_\_\_

\_\_\_\_\_

Delegate – National:

\_\_\_\_\_

Delegate – Province:

\_\_\_\_\_

Benefit Applications:

\_\_\_\_\_

Benefit Paid:

\_\_\_\_\_

Other Information:

\_\_\_\_\_

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