|  |  |  |
| --- | --- | --- |
| **Send form and fees to:**  Delta Sigma Theta  Lake 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. FOUNDATION  PRESERVE 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**