



Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

MEMBER STATUS AND INFORMATION CHANGE FORM

Type of Change: Personal Information Resignation Death

Name: _____ Date of Change: _____

Province: _____ Chapter: _____

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Resignation Date: _____ Date of Death: _____

* * * * *

NEW INFORMATION

New Name, if applicable: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Accepts Texts: Yes: No:

* * * * *

Chapter Officer Signature: _____ Date: _____

Or, if personal information update;

Member Signature: _____ Date: _____

Forward a copy to: The National Office, Province Vice President and Chapter Vice President.

Note: This is a fillable form and may be either mailed or e-mailed to the National Office.

National Office:

Delta Theta Chi Sorority National Office
c/o Tammy Cocannouer, N.E.S.T.
8535 W. Hickory Ln., Wichita, KS 67212-3255
Email: dtcnest1920@gmail.com

Office Use Only:

Date Received: _____
Records Updated: _____