

DELTA THETA CHI SORORITY
TRANSFER OF MEMBERSHIP

(Top portion to be completed by chapter **from** which member is transferring)

Name of Transferee: _____ Husband: _____

Address: _____

City State Zip

This is to certify that the above member is in good standing. National dues and Province dues for the year _____ were remitted to the National Office and the respective Province Treasurer:

Province Full Name of Chapter

Special Remarks:

Date: _____
Chapter President

Transferring Member: _____
Signature Date

Please complete this form in quadruplicate. Retain file copy, sending three copies to chapter to which member is transferring.

(Lower portion to be completed by chapter **to** which member is transferring)

Our chapter has accepted this transfer effective _____

Full Name of Chapter

Chapter President

Date: _____

Send original of this form to: Cinid Cook
National Executive Secretary-Treasurer
2614 S Lulu
Wichita, KS 67216-1234

Mail one copy to Province Treasurer; retain one copy for chapter files.