



# Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

## MEMBERSHIP TRANSFER FORM

### TRANSFER FROM

Completed by the chapter the member is transferring from.

Member Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Phone (Home / Cell): (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Special Remarks: \_\_\_\_\_



*This is to certify that the above member is in good standing.  
National dues and Province dues for the year 20\_\_\_\_ were paid to*

Province: \_\_\_\_\_ Full Name of Chapter: \_\_\_\_\_

*and were remitted to the National Office and respective Province Treasurer.*

\_\_\_\_\_  
Signature of Chapter President

\_\_\_\_\_  
Date Signed

- Please complete this form and make four (4) copies.
- Retain one (1) copy for chapter files and send the original and two (2) copies to the chapter to which the member is transferring.



### TRANSFER TO

Completed by the chapter which the member is transferring to.

*Our Chapter has accepted this transfer of membership effective:* \_\_\_\_\_

Province: \_\_\_\_\_ Full Name of Chapter: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chapter President

\_\_\_\_\_  
Date Signed

- Mail original form to the National Office.
- Forward one (1) copy to the Province Treasurer and retain one (1) copy for chapter files.

#### 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: [dtnest1920@gmail.com](mailto:dtnest1920@gmail.com)

#### Office Use Only:

Date Received: \_\_\_\_\_  
Records Updated: \_\_\_\_\_