

Delta Sigma Theta Sorority, Inc.  
A Service Sorority  
GRAND CHAPTER

**DUPLICATE MEMBERSHIP CARD REQUEST FORM**

Member No: \_\_\_\_\_

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

**Please print name as you wish it to appear on your card. Only 26 characters  
and spaces are embossed on the card.**

Current Chapter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address \_\_\_\_\_

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If your member number is unknown, please complete the following information:

Name When Initiated: \_\_\_\_\_

Chapter of Initiation: \_\_\_\_\_

Date When Initiated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: Please allow at least four to six weeks for processing. Mail, fax (202.797-7520)  
or email the form to [memberrelations@deltasigmatheta.org](mailto:memberrelations@deltasigmatheta.org)