

DELTA THETA CHI SORORITY
REINSTATEMENT OF MEMBERSHIP

FULL NAME OF CHAPTER _____ PROVINCE _____

1. Name of former member to reinstate: _____ Mrs. _____
Address: _____

2. Name of Original Chapter: _____ Province: _____

3. Name of Big Sister: _____

4. Approximate date of resignation: _____

5. Were you initiated? _____

If not, how much did you pay on contract? _____

6. Do you have a Delta Theta Chi Badge? _____

If so, which Badge? _____

7. Reinstatement fee of \$ _____ paid to chapter on _____ (Date)

8. Current National Dues of \$ _____ paid to chapter on _____ (Date)

(National dues are prorated in accordance with ARTICLE V, Section 2 of our National Constitution and ByLaws amended June 2006)

Signature

Our Chapter voted to accept this reinstatement fee and former member on this _____ day of _____, 20____.

Signature of Chapter President

Signature of Chapter Treasurer

Signature of Chapter Vice President

Please make check payable to: DELTA THETA CHI SORORITY, and mail the original of this form immediately with the check (for both National Dues and Reinstatement Fee) to:

Cindi Cook, N.E.S.T.
The National Office
2614 S Lulu
Wichita, KS 67216-1234

Mail one copy of this form to your Province Treasurer with Province dues,
and retain one copy in your chapter files.