

DELTA THETA CHI SORORITY

PLEDGE TEST CERTIFICATE

INSTRUCTIONS:

- 1) **Complete in triplicate**
- 2) Mail original to: The National Office, Delta Theta Chi Sorority
2614 S Lulu, Wichita, KS 67216-1234
- 3) Mail one copy to your Province Vice President
- 4) Retain one copy in chapter files with the completed Pledge Test

This is to certify that _____

Pledge of _____ Chapter of _____ Province, has

satisfactorily completed her Pledge Test and is hereby eligible to receive further
light in Delta Theta Chi Sorority.

Date of Test:

Chapter Vice President

Big Sister

Date to be Initiated:
