

Membership/Omega Omega Information Form

DELTA D.E.A.R.S.

Minneapolis-St. Paul Alumnae Chapter

DELTA MEMBER INFORMATION

Name at time of Initiation _____

Chapter _____ Place of Initiation _____ Year _____

Current Chapter Affiliation _____

Chapter Offices held _____

Regional/National Offices held _____



OMEGA OMEGA SERVICE

Would you like the Omega Omega Service to be held at a different time or as part of your Memorial service? Please check (✓) one of the options below:

Same Time Different Time

Special Soror Participant

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____



Other Participants

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____



Please list other Soror(s) whom you wish to be contacted

Name _____ Phone# _____

Address _____ City/State/Zip _____

Name _____ Phone# _____

Address _____ City/State/Zip _____

Please list name(s) of one or more Special Soror(s) who is/are most familiar with your Delta, professional or personal info whom you wish to be contacted to provide information about you.

Name _____ Phone# _____

Address _____ City/State/Zip _____

Name _____ Phone# _____

Address _____ City/State/Zip _____



Have you designated a Delta to receive your Delta collectibles, including confidential materials, such as rituals, constitutional protocol, handbook, pins, paraphernalia, etc.?

Please check (✓) yes or no below.

Yes No

Please list Soror's name and Phone#:

Soror's Name _____ Phone# _____

Please list a family contact name and phone #.

Family Member Name _____ Phone# _____

