

Delta Theta Tau Sorority, Inc.



April 1, 2025

PLEASE READ THIS NOTICE BEFORE COMPLETING THE ENCLOSED FORM 2!!

1. **USE** this official form or use the official fillable form on the DTT website. The form must be mailed; it **cannot** be emailed.
2. Fill in all the blanks at the top of the page. Include the number of association members. Include your Ritual Number.
3. Enter the alumnae email address or one member's **email** address as a contact person.
4. List officers' names and addresses in the space provided. Please type or print **clearly**.
5. List the remaining members alphabetically by last name. Please include **zip+4 codes** on all addresses.
6. Enter in the fourth column under "National Dues" \$5.00 for **each member**.
7. Enter in the fifth column under "Delta Home" \$5.00 for **each member** (Active, Associate & **Past National Presidents**, unless members have paid Lifetime Delta Home dues.)
8. Enter in the GRIT column \$20.00 for **each member wishing to subscribe**. Associations are **required** to receive one copy of GRIT. Past national presidents shall pay for the national publication subscription if they wish to receive it.
9. Enter the total \$10.00 in the "Total" column for **each member** and \$30.00 for the members who are to receive GRIT. \$25.00 for PNPs receiving GRIT.
10. Total each column on the front and back sides of the form and enter the "Total" also.
11. **Make a copy of this form and retain for your association records.**
12. Include a **Form Seven** and send **check** with this form **before June 15th** to:

Beth Wallis, Executive Secretary
500 S. Colfax St.
Martinsville, IN 46151

If there have been changes in any member's status (new, dropped, deceased, etc.) or member's change of address that have not previously been submitted, SEND THESE ON A SEPARATE CHANGE OF MEMBERSHIP, FORM 8. Just listing the changes on the Form 2 will NOT cause the changes to be completed.

Please feel free to contact me if you have any questions.

Beth Wallis, Executive Secretary
765-318-1801
elizabethwallisdtt@gmail.com

DELTA THETA TAU SORORITY, INC.

ALUMNAE REGISTRATION SHEET FORM 2

Due JUNE 15, \$15.00 late fee after June 15

| | | | |
|--|-----------------------------------|---------------------------|--------------------|
| Date: _____ Charter Date: _____ RITUAL NUMBER _____ | Federal I.D. Number: _____ | City _____ | State _____ |
| | | Alumnae Name _____ | |
| | | email: _____ | |

ALUMNAE MEMBERS (as of June 1st)

| | Name: Last, First (List Alphabetically) | Address, Zip + 4 | Phone Number (with Area Code) | Nat'l Dues | Delta Home | GRIT | Total |
|----|--|------------------|----------------------------------|------------|------------|---------|---------|
| 1 | President | | | \$5.00 | \$5.00 | \$20.00 | \$30.00 |
| 2 | Sec. Treasurer | | | | | | |
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Mail to Executive Secretary with white copy of Form #7. Copy this form for your records.

ALUMNAE MEMBERS (continued)

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Amount Total

X _____
President

X _____
Recording Secretary