



## Delta Sigma Theta Sorority, Inc. Member Profile

<b>Date:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone #:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>PERSONAL INFORMATION</b>		
<b>Date of Birth:</b>		
<b>Place of Birth:</b>		
<b>Parents:</b>		
<b>Siblings:</b>		<b>Marital Status:</b> Y N
<b>Children:</b>	<b>Grandchildren:</b>	
<b>FAMILY MEMBERS(S) TO BE CONTACTED</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>Phone #:</b>		
<b>DELTA</b>		
<b>Name at time of initiation:</b>		
<b>Chapter and place of initiation:</b>		
<b>Year of initiation:</b>		
<b>Chapter presently serving:</b>		

# DELTA CONT'D

<b>Chapter officers held and/or communities, if any:</b>
_____
_____
_____

<b>Regional/National Offices Held:</b>
_____
_____
_____

<b>Please list name(s) of a special Soror(s) who is/are most familiar with your Delta, professional or personal activities whom you wish to be contacted in case of an emergency.</b>	
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No.:</b>	<b>Telephone No.:</b>

<b>As far as Omega Omega Services are concerned, would you like the service to be held at a different time, or part of your funeral service?</b>	
<b>Different</b>	<b>Same as</b>

<b>Special Soror:</b>	
<b>Other Participants:</b>	
<b>Special Song:</b>	

<b>Beside Chapter Members, list Soror(s) whom you wish to be contacted.</b>	
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No.:</b>	<b>Telephone No.:</b>

<b>If you have not designated a Delta to receive your Delta collectibles, including confidential materials such as rituals, constitution, protocol handbook, pin, jacket, T-shirt(s), would you agree to have them transferred to the chapter archives?    Yes    No</b>
<b>If yes, name of person in your family to be contacted:</b>
_____

<b>Relationship:</b>	
<b>EDUCATION</b>	
<b>College(s)/University:</b>	<b>Degree earned:</b>
<b>College(s)/University:</b>	<b>Degree earned:</b>
<b>Other:</b>	<b>Degree/Certificate earned:</b>
<b>PROFESSIONAL INFORMATION</b>	
<b>Career(s)</b> _____ _____	
<b>Community Involvement/organizations:</b> _____ _____ _____ _____	
<b>Honors/Awards</b>	
<b>Public:</b> _____ _____	
<b>Professional:</b> _____ _____	
<b>Briefly summarize anything else that you would like others to know about you.</b>	

TO: All Chapter Presidents

FROM: National Heritage & Archives Committee  
Lois J. Gilder, Chair

DATE: April 5, 2005

SUBJECT: MEMBER PROFILE FORM

We are asking that chapter presidents copy profile forms and give to each soror that is on your active roll (two copies). One copy should be kept in your archives and one copy should be given to the sorors family.

The purpose of this profile form is for the chapter to know those sorors that are desirous of having an omega Omega Service and who they want to participate in the service.

Active members should give the form to inactive members by taking the forms to places such as Reclamation, Founders Day, Roundup Day, and at the beginning of each fiscal year.

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