

DELTA SIGMA THETA SORORITY, INC.

Project A.C.E. (Alumnae Collegiate Exchange)

SOROR, YOU'VE GRADUATED! NOW WHAT?

Registration Form



SOROR INFORMATION

Name _____ Member # _____

Permanent Address _____

City _____ State _____ Zip _____

Phone () _____ (day) () _____ (evening)

E-Mail Address _____

COLLEGIATE CHAPTER INFORMATION

Chapter of Initiation _____ Date of Initiation _____

Chapter Offices held (Include dates) _____

Regional/National Offices held (Include dates) _____

EDUCATION

Undergraduate University _____

City _____ State _____

Major/Degree _____ Date of graduation _____

Plans after graduation (Please check one) _____ Employment _____ Professional/ Graduate Education

List the city/state in which you plan to reside in after graduation _____

Please provide any additional information for your plans after graduation

(Please continue)

ALUMNAE CHAPTER INFORMATION

Do you have an alumnae chapter in mind? Yes or No (Please circle one). If "Yes", which one and how did you hear about the chapter?

Do you have any concerns about joining an alumnae chapter? Yes or No (Please circle one). If "Yes", what are they?

If you have decided not join an alumnae chapter, what is the reason?



What was the size of your immediate past chapter? _____

What size chapter do you prefer (please check one)?

Under 50 _____
51 – 75 _____
76 – 100 _____

101 – 150 _____
151- 200 _____
over 200 _____

Please check all that apply to you:

_____ National Corporate Fees PAID, if checked give date of payment _____

_____ Collegiate chapter fees PAID, if checked, how much \$ _____ and give date of payment _____