DELTA SIGMA THETA SORORITY, INCORPORATED
SAN BERNARDINO - RIVERSIDE AREA ALUMNAE CHAPTER
EST. 1959

Fellowship,
Fun, and Prizes!

SEPTEMBER 11, 2021
BREAKFAST
9am– 12 Noon

Inspirational Speaker
Soror Kimberly M. Usher
Southern California State Coordinator

Marriott Riverside
3400 Market St
Riverside, CA

Open to All Deltas
Membership Credentials Required

All visiting soror(s) must provide at least one (1) form of membership credentials to attend event:

1. Complete the Verification of Membership Form and a government issued identification card (e.g., driver's license, passport, etc.)
2. We will accept government issued identification card along with copy of DST membership identification card.
3. Delta Mobile APP "My Profile" screen.

Send membership credentials to sbraac.1stvp@gmail.com

Reach, Reclaim and Restore

Payment Information– Space is limited so, reserve your space for this occasion now for **$45 per person**, include meal selection before August 18, 2021.

You can pay by credit or debit card (online) at www.sbraac-dst.org with a $2 processing fee. Also, you can remit personal check, cashier's check or money order **made payable to Delta Sigma Theta Sorority** and mail to:

Delta Sigma Theta Sorority, Incorporated
P.O. Box 7938
Moreno Valley, CA 92552

For more information
Call Soror Carla Towns
Tel/Text 909.856.3563
Or
Email
sbraac.1stVP@gmail.com

Delta Sigma Theta Sorority, Incorporated
San Bernardino-Riverside Area Alumnae Chapter

2021 September Breakfast
Meal Selection Form

Make your payment, complete *Meal Selection Form* and send form to Soror Carla Towns: sbraac.1stVP@gmail.com						
Name	**Visiting Soror Member #**	**Visiting Soror Phone #**	**Turkey Bacon**	**Pork Sausage**	**Vegetarian**	**Vegan**
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

DELTA SIGMA THETA SORORITY, INC.

A SERVICE SORORITY

1707 NEW HAMPSHIRE AVENUE, N.W.
WASHINGTON D.C. 20009

TO: EXECUTIVE DIRECTOR

SUBJECT: VERIFICATION OF MEMBERSHIP

DATE:

KINDLY COMPLETE THIS FORM IMMEDIATELY AND SUBMIT IT TO YOUR LOCAL CHAPTER TREASURER. THIS WILL INSURE AN ACCURATE RECORD OF YOUR MEMBERSHIP. YOUR COOPERATION IN THIS MATTER WILL BE GREATLY APPRECIATED.

MEMBER #

1. NAME

2. ADDRESS
   CITY/STATE/ZIP
   TELEPHONE (home) (work)

3. NAME WHEN INITIATED

4. APPROXIMATE DATE OF INITIATION

5. CHAPTER IN WHICH INITIATED

6. LAST CHAPTER IN WHICH YOU PAID GRAND CHAPTER DUES

   NAME AT THAT TIME

7. CHAPTER IN WHICH YOU WISH CURRENT MEMBERSHIP

CHAPTER PRESIDENT

STREET

CITY STATE ZIP

CHAPTER TREASURER

DATE E-MAILED TO GRAND CHAPTER

Email completed form to:
memberverification@deltasigmatheta.org

VERIFIED BY: **DATE**