

**Delta Sigma Theta Sorority, Inc.
Saint Louis Alumnae Chapter
Annual Dues Renewal
Form FY 2026**

Chapter Name: St. Louis Alumnae Chapter Number: 309 Reclaimed _____

Please Print:

Member Number _____ Member Code _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone Number Listing (____) _____ - _____

The Chapter will use this number for any phone communications.

Email Address _____

Please indicate your preference below:

Saint Louis Alumnae Chapter has my permission to publish my information in the chapter directory.

_____ Yes

_____ No

Member Signature _____ Date _____

Total Dues Amount Submitted: \$ _____ Payment: credit card _____ check# _____ cash _____

Return Form to the Financial Secretary at chapter meeting or by mail:

DST-SLA

Attn: Financial Secretary

P.O. Box 410844

St. Louis, MO 63141