

Member Profile

I. MEMBER INFORMATION

First Name _____ Middle _____ Last _____

Date of Birth ___ / ___ / ___ Place of Birth _____ Marital Status: Single Married Divorced Widowed

Home Address _____ City _____ State _____ Zip _____

Telephone #s (Please check preferred contact number) Home _____ Cell _____

Email Address _____

II. EMERGENCY CONTACT INFORMATION

Family Members (i.e. Spouse, Parents, Siblings, etc.)

First Name _____ Last Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Phone # _____

First Name _____ Last Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Special Sorors (i.e. most familiar with your Delta professional and personal life.)

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____ Phone # _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____ Phone # _____

III. DELTA INFORMATION

Name at Initiation _____ Membership # _____

Chapter of Initiation _____ Place of Initiation _____

Year of Initiation _____ Current Affiliation _____

Chapter Offices and/or committee service:

Regional/National offices held and/or committee service:

IV. OMEGA OMEGA SERVICE INFORMATION

I hereby request:

• My Omega Omega Service be held as follows: Same day as funeral/memorial Different Day _____

• Special soror for the Eulogy: _____

- Other Participants (Including names and contact information from sorors other than chapter members.):

#1 Name: _____ Phone _____

#2 Name: _____ Phone _____

#3 Name: _____ Phone _____

#4 Name: _____ Phone _____

- Special Song(s): #1 _____ #2 _____

V. DISPOSITION OF DELTA EFFECTS INFORMATION:

If you have not designated a Delta to receive your Delta collectibles (including confidential materials such as your Ritual, Constitution and Bylaws, Doctrine, Protocol and Traditions Manual, pins, paraphernalia, etc., would you agree to have these items transferred to the chapter archive? Yes No

VI. EDUCATION:

College/University: _____ Degree Earned _____

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Other: _____ Degree/Certificate Earned _____

VII. PROFESSIONAL INFORMATION:

Career(s): _____

Community Involvement/Organizations: _____

Honors/Awards: _____

Public: _____

Professional: _____

Briefly summarize anything else you would like others to know about you.

Last Updated: _____