Delta Sigma Theta Sorority, Inc.

Dues Transfer Form

Member Information

Full Name: Gamble (Last) Ebonie (First) S (M.I.)

Address: 8145 Misty Meadow Court North (Street Address) (Apartment/Unit #)

Jacksonville (City) FL (State) 32210 (ZIP Code)

Home Phone: ( ) Cell Phone: (904) 887-6545

E-mail Address: eboniegamble@yahoo.com

Membership Number: 299481 Name at Initiation: Ebonie Gamble

Chapter of Initiation: Sigma Alpha Region of Initiation: Southern

Former Chapter

Chapter Name: Sigma Alpha Transfer Date:

Treasurer: President: Kailin Bradley

Treasurer Email: President E-mail:

Treasurer Phone: ( ) President Phone: (386) 383-4575

Annual Dues: $ Dues Remaining: $

Chapter Address: 8 UNF Drive 222 (Street Address) (Apartment/Unit #)

Jacksonville (City) FL (State) 32224 (ZIP Code)

New Chapter

Chapter Name: **Jacksonville Alumnae Chapter** Region: **Southern**

Financial Secretary: **Register** (Last) **Kenyatta** (First) (M.I.)

Financial Secretary Phone: **(706) 254-9797** Local Dues: **$150.00**

Chapter Address: **P.O. Box 2435** (Street Address) (Apartment/Unit #)

Jacksonville (City) **FL** (State) **32203** (ZIP Code)

I, Ebonie Gamble (Soror Name) authorize Jacksonville Alumnae Chapter (New Chapter Name) to make this request to transfer my local dues from Sigma Alpha. (Former Chapter Name)

Ebonie S. Gamble
Soror Signature

9/1/15
Date

ALL CHECKS SHOULD BE MADE PAYABLE TO THE NEW CHAPTER AND MAILED DIRECTLY TO THE NEW CHAPTER MAILBOX