

# Verification of Membership

To: dst.fbaac.treasurer@gmail.com

Subject: Verification of Membership

Date:

Please complete this form immediately and submit the completed form to [dst.fbaac.treasurer@gmail.com](mailto:dst.fbaac.treasurer@gmail.com) via email. This process will insure an accurate record of your membership. The completion of a Membership Verification Form is required for all visiting Sorors who would like to attend our virtual chapter meetings. Your cooperation in this matter will be greatly appreciated:

- |  | Member # |
|--|----------|
| 1. Name  |          |
| 2. Address   |          |
| City/State/Zip                                       |          |
| Telephone (home)          (work)          (cell)     |          |
| Email address  |          |
| 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      |          |
| 8. Name of the person who invited you to the meeting |          |

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For internal use only: To be completed by FBAAC

Chapter President

Chapter Treasurer

Street

City/State/Zip code

Date emailed to Grand Chapter

Verified:

Date