



Member Profile

DATE: _____

(Please Print Legibly)

NAME: _____
(last name) (first name) (middle name)

ADDRESS: _____
(city) (state) (zip code)

TELEPHONE NUMBERS: HOME: (____) - ____ - ____

CELL: (____) - ____ - ____ FAX: (____) - ____ - ____

E-MAIL ADDRESS: _____

PERSONAL

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____ Marital Status _____
(month)(day)(year)

NAME OF PARENTS: _____

NUMBER OF BROTHERS _____ NUMBER OF SISTERS _____

NAMES OF LIVING CHILDREN: NAMES OF LIVING GRANDCHILDREN:

FAMILY MEMBERS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME #1 _____ Name #2 _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

If you do not designate a Delta to receive your Delta collectibles, including confidential materials such as rituals, constitution, protocol handbnook, pin, jacket, T-shirt(s), etc., would you agree to have them transferred to the Chapter archives? _____ Yes _____ No

If yes, name and contact number of person(s) in your family to be contacted:
_____ Relationship _____

EDUCATION

College(s) University: _____ Degree Earned: _____

College(s) University: _____ Degree Earned: _____

Other: _____ Degree/Certificate Earned: _____

PROFESSIONAL INFORMATION

Career (s): _____

Community Involvement/Organization: _____

Honors/ Awards:

Public: _____

Professional: _____

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

Signature _____ Date _____

Thank you for your participation in this needed and valuable survey

DELTA INFORMATION

Name at time of Initiation: _____

Chapter and Place of Initiation: _____

Year of Initiation: _____

Chapter Offices held and/or Committees: _____

Regional/National Offices held: _____

Please list the name(s) of special Soror(s) who is/are most familiar with your Delta, professional or personal activities whom you wish to be contacted in case of an emergency or death

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: (____)-____-____

Telephone: (____)-____-____

OMEGA OMEGA SERVICES

As far as Omega Omega Services are concerned, would you like the service to be held at a different or same time as the memorial/funeral service? Different time ____ At the same time ____

Special Soror(s): _____

Other Participants: _____

Special Song(s): _____

Beside Chapter Members, list the Soror(s) whom you wish to be a part of the Omega Omega:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: (____)-____-____

Telephone: (____)-____-____