



Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

INFORMATION CHANGE FORM

Chapter Name _____

Date _____

OLD INFORMATION:

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

NEW INFORMATION:

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Return a copy to:

Delta Theta Chi National Office

Jane Loveless

12 Pepper Tree Lane

Topeka, KS 66611-2056

Province: _____

Vice President: _____

Address: _____

City/State/Zip: _____

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