



DELTA TAU MEMBERSHIP REMITTANCE FORM

This form, typed or printed, should be completed by the Chapter Treasurer and submitted within two weeks of initiation to:

Delta Tau, 4990 Northwind Drive, Suite 140, East Lansing, MI 48823-5031
Tele: (517)351-8335 * Fax: (517)351-8336

Chapter _____ Initiation Date _____

Enclosed are:

_____ Membership Cards (one for each Initiate)

_____ Initiation Fees @ \$35.00 = \$ _____
No. (#) Total Due National

_____ Check is enclosed (Payable to Delta Tau)

_____ Institution will send check

Certificates for these initiates were ordered and received in advance

Yes _____ No _____
(If "No," please include Order Form [Form-3] indicating number needed.)

Signed _____ Date _____
Chapter Treasurer

Signed _____ Date _____
Adviser

Retain a copy of this report for your files.