|  |  |
| --- | --- |
| Street Address: |  |
| Apt/Suite: |  |
| City/State/Zip: |  |

|  |  |
| --- | --- |
| Home Phone Number: |  |
| Cell Phone Number: |  |
| Work Phone Number: |  |
| Email Address: |  |

**Membership Verification Form**

Please complete the following form. This will ensure an accurate record of your membership.

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Name at time of initiation, if different: | |  |
| Membership Number: |  | |

|  |  |  |
| --- | --- | --- |
| Date of approximate initiation: |  | |
| Name of chapter where initiated: |  | |
| Last Chapter in which you paid membership dues: | |  |
| Member at Large: YES or NO | |  |

**Return final form to the Membership Chair, Second Vice President:**

[**mac2ndvp@montclairalumnae-dst.org**](mailto:mac2ndvp@montclairalumnae-dst.org)