

DELTA SIGMA THETA SORORITY, INC. A Public Service Sorority Grand Chapter

RENEWAL CREDIT CARD PAYMENT FORM

Date: _____

NAME: _____ Member #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL: _____

CHAPTER: _____ REGION: _____

(Mark appropriate box)

- Renewal Certified Vendor Fee (\$2,000)**
- Renewal Manufacturer Fee (\$2,500 - \$5,000)**
Amount: _____
- National Convention Fees** Amount: _____
- Regional Conference Fees** Amount: _____
- Dues**
- Other (Please Specify):** _____

TOTAL AMOUNT TO BE CHARGED: _____

Charge the total amount to my:

- VISA**
 - MasterCard**
 - American Express**
- (Diner's Club, Discover, Carte Blanche, etc. are not accepted)

COMPLETE CREDIT CARD NUMBER: _____

ISSUING BANK/INSTITUTION: _____
(Printed on the card)

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS IF NOT SAME AS ABOVE:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

SIGNATURE: _____

Day Phone: _____ **Home Phone:** _____