



**DELTA SIGMA THETA SORORITY, INCORPORATED**  
*A Service Sorority Founded in 1913*

**LEGACY APPLICATION GUIDELINES**  
**PILOT PROGRAM**

(Central Region, Eastern Region, South Atlantic Region and Southwest Region)

Definition: Legacy – A Legacy is the daughter or granddaughter of a member of Delta Sigma Theta Sorority, Inc. (Amendment to the National Constitution and Bylaws approved at the 55<sup>th</sup> National Convention - 2021)

1. The Legacy Application is located in the Delta Sigma Theta Member Portal. An applicant who is the (biological or adopted\*) daughter or granddaughter, of an active or deceased Member may be considered a Legacy Applicant if the criteria listed below is satisfied.

2. The Member must meet the following criteria:

Member (Mother or Grandmother of the applicant):

- Financial member in good standing for the last two (2) years immediately preceding the submission of the application for Legacy status. Two (2) years is defined as twenty four consecutive months.
- Attended two (2) of the three (3) National Conventions immediately preceding the date of the application.
- Attended two (2) of the three (3) Regional Conferences immediately preceding the date of the application.
- Not subject to a current Code of Conduct sanction.

Deceased Member (Mother or Grandmother of the applicant):

- A Soror who shall be known as the “Member Advocate” must attest personal knowledge of the deceased Member and the Legacy applicant’s relationship (daughter or granddaughter).

\*The Legacy Application must be accompanied by the Member Verification letter, which must be downloaded from the Sister’s Only Portal.

3. If the Member is deceased, a Member Advocate must complete the Legacy Certification Application. The Member Advocate must be a member in good standing (not subject to a current Code of Conduct sanction) with personal knowledge of the deceased Member.

4. The Legacy Certification Application must be completed and signed by the Member or Member Advocate (as applicable), in the presence of a Notary Public for the county/parish and state where the application is signed. Falsification of any information on the Legacy Application provided by the Member or Member Advocate is a violation of Delta Sigma Theta Sorority, Inc.’s Code of Conduct and is subject to sanctions, which may include expulsion or being barred.

---

# Delta Sigma Theta Sorority, Inc. Legacy Certification Application

---

**Instructions:**

*This application must be completed in its entirety by the Member or Member Advocate and signed in the presence of a Notary Public. This certification application and other applicable documentation (required of living members) must be submitted with the Delta Sigma Theta Sorority, Inc. Application for Membership. The Legacy Applicant must meet all the qualifications required for membership and receive the vote of the chapter and approval by the Regional Director.*

**Part A - Prospective Legacy Applicant**

_____	_____	_____	_____
Last Name	First Name	MI	Chapter of Interest
_____	_____	_____	_____
College/University (if applicable)	City	State	

**Part B - Member (Living) Information**

*Instructions: This section is to be completed by the Member. If the Member is deceased, please move to Part C of the application.*

Relationship of Applicant:    \_\_\_ Daughter    \_\_\_ Granddaughter

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Member Number

**Part C - Member (Deceased) Information**

*Instructions: This section is to be completed by the Member Advocate on behalf of the deceased Member.*

Relationship of Applicant:    \_\_\_ Daughter    \_\_\_ Granddaughter

_____	_____	_____	_____
Last Name	Maiden Name (if applicable)	First Name	Middle Initial

\_\_\_\_\_

Last Known Chapter Affiliation

**Member Advocate Statement** (knowledge of Deceased Member relationship to the Legacy Applicant):

**Part D - Affirmation Statement:**

**Instructions:** This section must be signed in the presence of a Notary Public.

DATED: \_\_\_\_\_, 202\_\_

Signature of Member or Member Advocate	Date
Printed Name of Member or Member Advocate	Member Number
Member or Member Advocate Chapter Affiliation	Region
Member or Member Advocate Email Address and Phone Number	

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY/PARISH OF \_\_\_\_\_ )

On \_\_\_\_\_, 202\_\_, before me, \_\_\_\_\_, a Notary Public in and for the jurisdiction aforesaid, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and that that person acknowledged to me that she executed the same in her individual/and or authorized capacity, and that by her signature on the instrument that person, or the entity upon behalf of which the person acted, executed the instrument intending to be legally bound.

I affirm and certify under the penalty of perjury under laws of the jurisdiction where this instrument is executed, that the information provided in this application is true, complete, and correct. Additionally, I understand that whether or not perjury is determined, that falsification of any information on this application (or providing incomplete or incorrect information) could result in the signatory being subject to disciplinary action up to and including permanent expulsion from membership in Delta Sigma Theta Sorority, Incorporated. For a non-member person, that person may be permanently barred from membership in Delta Sigma Theta Sorority, Incorporated.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

My Commission Expires:

\_\_\_\_\_

**\*This form must be completed in its entirety and uploaded with the membership application of the Legacy Applicant. The Legacy Applicant must meet all the qualifications required for membership and receive the vote of the chapter and approval by the Regional Director.**