**DELTA SIGMA THETA SORORITY, INC.**

**Saginaw Alumnae Chapter**

**POLICIES & PROCEDURES AMENDMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page** | **Article** | **Section** | **Number** |  |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |
| **Page** | **Article** | **Section** | **Number** |  |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |

**DELTA SIGMA THETA SORORITY, INC.**

**Saginaw Alumnae Chapter**

**POLICIES & PROCEDURES AMENDMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page** | **Article** | **Section** | **Number** |  |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |
| **Page** | **Article** | **Section** | **Number** |  |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |

**DELTA SIGMA THETA SORORITY, INC.**

**Saginaw Alumnae Chapter**

**POLICIES & PROCEDURES AMENDMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page** | **Article** | **Section** | **Number** | **Current Policy**  |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |
| **Page** | **Article** | **Section** | **Number** | **Current Policy** |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |

**DELTA SIGMA THETA SORORITY, INC.**

**Saginaw Alumnae Chapter**

**POLICIES & PROCEDURES AMENDMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page** | **Article** | **Section** | **Number** | **Current Policy** |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |
| **Page** | **Article** | **Section** | **Number** | **Current Policy** |
|  |  |  |  |
| **Recommended Change**  |
| **Rationale** |

**Member Information Sheet**

**Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter President’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date submitted to National Headquarters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please return the signed Member Information sheet, along with the Policies & Procedures Amendment Form(s) to melleretha@att.net**