



2025 Delta Zeta Membership Form

WE HOPE YOU'LL DECIDE TO JOIN US!

Name: _____

Maiden Name: _____

Spouse's Name: _____

Address: _____

Telephone: _____

E-mail: _____

College: _____

Initiated Chapter: _____

Initiation Year: _____

Birthday: _____

I would be interested in helping with the following events/positions: _____

Annual Dues: \$ 30

Payment of dues entitles you to:

- Fairfield County Chapter Updates and Event Invitations
- Payment of National & Chapter Dues
- Contribution to Philanthropies

Make check payable to: Delta Zeta

Please mail this form with payment to:

Delta Zeta Treasurer, 53 Main Street, Ridgefield, CT. 06877