

Delta Gamma

MARRIED COLLEGIATE STATUS REQUEST FORM

Date:

To President of _____ Chapter of Delta Gamma:

This is to notify you that I was married on the _____ day of _____, 20_____. I will continue to attend _____ University as an undergraduate student and wish to remain a collegiate member of _____ Chapter.

I have paid or agree to pay all financial obligations now owing to Delta Gamma, and I agree to pay all future financial obligations while a member of the Chapter.

Signature of Member