

The top part of this form is interactive and saveable. Save it to your computer. Then open it and type your info and save it to your computer.



**The Delta Kappa Gamma Society International
Washington State Organization
Confidential Application for Membership Dues Assistance**

Purpose: An optional form to be used **by chapters** to assist members in need of assistance in paying the annual dues.

Name:

Date:

Address:

City:

Phone:

Email:

Why do you need assistance in paying for the annual dues to the chapter, state and international? (annual income amount, fixed or unpredictable income, high medical expenses, etc.)

How much of the annual dues of \$ _____ are you able to pay?

When could the Treasurer expect to get this amount?

Approved Assistance
in the amount of \$ _____

Signed _____ (President)

Assistance denied

Signed _____ (Treasurer)

Date _____

This form will be kept in a confidential file of the president and destroyed at the end of her term.