

**DELTA GAMMA ALUMNAE GROUP FORMATION**

* **Determine** interest from local alumnae and target potential leadership
* **Research** if there are sufficient alumnae in an area to form a new alumnae group by contacting the Alumnae Services Coordinator and helping determine zip codes to include in a spreadsheet of Delta Gamma alumnae in the area. If numbers indicate there are enough members to make a group viable, a Regional Alumnae Specialist (RAS) or Alumnae Development Consultant (ADC) will be assigned to start a new group.
* **Plan** an event for alumnae in the area and send an invitation with interest survey requesting input on participation to all alumnae on the spreadsheet (electronic Excel file from Executive Offices).
* **Follow up** after sending invitations with phone or e-mail to each alumna to generate commitment.
* **Attend** the event and explain the benefits of an organized alumnae group:
  + continue lifetime membership opportunities for friendship, leadership, sisterhood and “doing good.”
  + strengthen the position of Delta Gamma in the fraternity world
  + give assistance to nearby collegiate chapters or at-a-distance chapters
  + locate and sponsor new members for collegiate chapters
  + contribute in some way to the Fraternity and Foundation missions
  + welcomes new Delta Gamma alumnae in the area into the group
  + send a delegate to Convention (chapters are required, associations are encouraged to do so) who will bring a Convention report and inspiration to the group

Explain organization options:

|  |  |  |
| --- | --- | --- |
|  | **Chapter** | **Association** |
| Number of dues-paying alumnae | 20 | 10 |
| Number of events | 6 | 3 |
| Per capita dues | $ 29 by 12/1 | $ 29 by 12/1 |
| Insurance fee | $ 40 by 11/1 | $ 20 |
| Annual fee | --- | $ 30 by 11/1 |
| Annual fee with membership ≤ 50 | $ 30 by 11/1 | --- |
| Annual fee with membership 51-75 | $ 75 | --- |
| Annual fee with membership 76-100 | $ 100 | --- |
| Annual fee with membership 101+ | $ 150 | --- |
| Web resource delivery charge | $ 40 by 11/1 | $ 25 by 11/1 |
| Annual Convention fee | $225 by 11/1 | N/A |
| Convention Registration fee | $125 Convention (even) years only | N/A |

* **Vote** to become an association or chapter.
* **Elect** the following officers:  
  chapter: president, vp: communications, vp: finance, vp: membership, vp: programming (If only three officers in addition to president are to be designated, offices may be combined, e.g., vp: communications/finance, vp: communications/membership.)

association: president, vp: communications and vp: finance (If only one officer in addition to president is to be designated, offices may be combined, e.g., vp: communications/ finance.)

* **Determine** local dues after considering the yearly financial obligations to the Fraternity and additional funds needed for printing, postage and other needs. (Consider offering graduated levels of local dues: bronze, pink and blue).
* **Fill out** the Alumnae Group Application and send to your Regional Alumnae Specialist or Alumnae Development Consultant. Alumnae per capita dues checks must accompany the application or confirmation that each member on application has paid PCDs online. A $15 charter fee is required for chapters to cover the cost of the charter. The appropriate fees are also due at the time of the application. ***Note: because the group will not have a checking account set up and funds in it yet, typically a local alumna volunteers to pay the fees and then is reimbursed when local dues have been collected.*** It is recommended separate checks for per capita dues (made to Delta Gamma Fraternity) and local dues (made to the alumnae group) be collected from members. The checks for local dues should be held until an identification number is secured by Executive Offices, which is required before opening a checking account. If any dues and fees deadlines have passed upon application, groups have 30 days after the receipt of the EIN number to submit such dues and fees for the fiscal year.

DELTA GAMMA ALUMNAE GROUP APPLICATION

We, the undersigned members of Delta Gamma Fraternity, signify our support of  alumnae chapter/association on this date: .

*(Print out form and each member signs below.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Married Name  (First, Maiden, Last) | Chapter of Initiation | Street, City, State, Zip | Phone Number | E-mail Address |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
| 18. |  |  |  |  |  |
| 19. |  |  |  |  |  |
| 20. |  |  |  |  |  |

**Send application to Regional Alumnae Specialist or Alumnae Development Consultant.**

**Please list below your present officers and include addresses as indicated:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name  (First, Maiden, Last) | Street, City, State, Zip | Phone Number | E-mail Address |
| president: |  |  |  |  |
| vp: communications: |  |  |  |  |
| vp: finance: |  |  |  |  |
| vp: membership: |  |  |  |  |
| vp: programming: |  |  |  |  |

***Note: Per capita dues ($29.00 per person) must accompany this application with a minimum of twenty members for a chapter and ten members for an association.***

***A $15******charter fee is required (by chapters only) to cover the cost of the charter.*** ***The appropriate fees listed below are also due at the time of the application.***

**Financial Obligations annually to the Fraternity:**

|  |  |  |
| --- | --- | --- |
|  | **Chapter** | **Association** |
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| Annual fee | --- | $ 30 by 11/1 |
| Annual fee with membership ≤ 50 | $ 30 by 11/1 | --- |
| Annual fee with membership 51-75 | $ 75 | --- |
| Annual fee with membership 76-100 | $ 100 | --- |
| Annual fee with membership 101+ | $ 150 | --- |
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**Internal Revenue Information**

Identification Number  (will be secured by Executive Offices if not previously assigned)

We, the members of  alumnae chapter/association, do hereby give authority to the Delta Gamma Fraternity to include said chapter or association under the group exemption roster.

**APPROVED**

Regional Alumnae Specialist or Alumnae Development Consultant: Date Received:

Council Trustee: Alumnae:  Date Received:

**RECORDED**

Date received at Executive Offices:  Date Charter Ordered:       Date EIN# Ordered: