

KAPPA DELTA PHI SORORITY PCT STATEMENT

Version 12/2021

Region _____
 Chapter _____
 City _____
 State _____
 Month Ending _____

Send Copies To: National Recording Secretary
 National Treasurer
 Regional Director
 Chapter President

1 <u>ADDED</u> to Active during month _____ (1)		(check one)				
Name in full	Address in full	Date Added	Initiate	Reinstated From		Transferred From
				Drop	Assoc	

2 <u>DROPPED</u> from Active during month _____ (2)		(check one)					
Name in full	Address in full	Date of Drop	Voluntary	Involuntary (Reason)	Assoc	Deceased	Transferred To

3 <u>ADDED</u> to Associate during month _____ (3)		(check one)				
Name in full	Address in full	Date of Drop	Reinstate to Active	Voluntary	Involuntary (Reason)	Deceased

MEMBERSHIP RECAPITULATION:

Beginning Active _____ Plus (1) _____ Less (2) _____ = Ending Active _____
 Beginning Associate _____ Plus (3) _____ Less (4) _____ = Ending Assoc _____
 Total Active & Associate _____

FINANCIAL RESPONSIBILITY CALCULATION:

PCT \$ _____
 Welfare \$ _____
 Insurance (July only) \$ _____
 TOTAL PCT ASSESSMENTS \$ _____ times total active/assoc = \$ _____

MISCELLANEOUS:

Initiation fee \$ _____
 Gift to new chapter \$ _____
 Supplies (order #) \$ _____
 Charter fee \$ _____
 Emergency Contingency Assess \$ _____
 Total Miscellaneous \$ _____

TOTAL REMITTANCE:

\$ _____

Signed _____ Chapter President _____ Chapter Treasurer _____ Date

Please attach a current membership list.