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Sigma Gamma Rho Sorority, Inc. Membership Certificate / Membership Card REPLACEMENT ORDER FORM

Name:		
Address:		
City:	State:	_ Zip:
Phone Number:	Email Addre	ess:
	ship Certificate (\$15) mbership Certificate (\$15)	
FOR A CERTIFICATI	<u>.</u> :	
Date of Induction:		
Chapter of Induction:		
Membership Number:		
FOR A CARD:		
Current Chapter:		
Membership Number:		

TOTAL AMOUNT ENCLOSED:

Each member receives a membership certificate at the time of her induction and a membership card for every year that she is financial with the sorority. If either of these items is lost or stolen, the member is responsible for the cost of replacement.

Please fax or mail this form along with payment (Money Order, Cashier's Check, or Credit Card Authorization) to: Sigma Gamma Rho Sorority, Inc. International Corporate Headquarters 1000 Southhill Drive, Suite 200, Cary, NC 27513-8630 Fax: (919) 678-9721 Phone: (919) 678-9720 Toll Free: 1-888-SGR-1922

Add \$5.00 for Credit Card Purchases: TOTAL AUTHORIZED:						
Visa	MasterCard	Discover	American Express			
Card Number			_ Exp. Date			
* V-Code	Signature:					

* Verification Code. A 3 – 4 digit non embossed number found on card signature panel or near embossed account number on front.