



DELTA SIGMA THETA SORORITY, INC.
A Service Organization Since 1913

Memorandum of Understanding for Shared Service Areas

(If additional space is needed, attach a separate sheet)

CHAPTERS: List each chapter's name and contact information. MOU agreements can include more than two (2) chapters.

| | | | |
|-------------------|--|-----------------|--|
| Chapter #1 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #2 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #3 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #4 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #5 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #6 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |
| Chapter #7 | | | |
| Chapter Name | | | |
| Chapter Number | | Chapter Address | |
| Chapter President | | City/State/Zip | |
| Phone Number | | Email Address | |

PURPOSE: Define the terms and understanding between chapters to determine purpose and limitations between shared services. List goals of partnership, and list activities that will accomplish the goals. The activities listed will determine what sections should be included in this agreement.

BACKGROUND: Define why the agreement and partnership is important and clearly define service area in question.

ROLES AND RESPONSIBILITIES: List and describe the activities that are planned for the partnership and who will do what by chapter. (e.g. Chapter A agrees to:, Chapter B agrees to:, etc.)

MEMBERSHIP INTAKE: Specify the agreed timeframe both chapters will conduct Membership Intake.

CHAPTER PROGRAMS: Clearly define programs under the Sorority's 5 Point Programmatic Thrust that may overlap or in collaboration amongst chapters (e.g. youth initiatives, community service projects, etc.) and define a process in which each chapter will benefit.

CHAPTER SCHOLARSHIPS: Clearly define scholarship programs that may overlap or in collaboration amongst chapters and define a process in which each chapter will benefit and copiously support recipients.

CHAPTER FUNDRAISING: Define a process to mandate fundraising in overlapping service area or when in collaboration and identify opportunities that will be an advantage and profitable for each chapter.

DURATION: This MOU is at-will and may be modified by mutual consent of authorized officials from each chapter. This MOU shall become effective upon signature by the authorized officials from the Chapter Presidents and Regional Director and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement/consent by the authorized officials from each Chapter and Regional Director this MOU shall end on a specific date (list date below if applicable, otherwise N/A).

EVALUATION/REPORTING: Identify who will evaluate effectiveness and adherence to the agreement and when evaluation will happen. Provide agreement and date (e.g. annually) for reporting to chapter members and Regional Director the MOU effectiveness, successes or challenges.

VIOLATION OF AGREEMENT: If the terms of this MOU are violated, all parties involved may be in violation of Delta Sigma Theta Sorority, Incorporated's Code of Conduct, and may result in disciplinary action against the chapter(s) and/or individual(s).

CHAPTER PRESIDENTS SIGNATURES:

Chapter Name: _____ President's Name: _____
Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

Chapter Name: _____ President's Name: _____
Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

Chapter Name: _____ President's Name: _____
Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

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Chapter President's Signature: _____ Date: _____
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Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

Chapter Name: _____ President's Name: _____
Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

Chapter Name: _____ President's Name: _____
Chapter President's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)

REGIONAL DIRECTOR SIGNATURE:

Region Name: _____ Director's Name: _____
Regional Director's Signature: _____ Date: _____
(Pen & Ink) (Pen & Ink)