

**DELTA SIGMA THETA SORORITY, INC.  
LEXINGTON (KY) ALUMNAE CHAPTER  
POLICIES AND PROCEDURES CHANGE FORM**

**SUBMITTED BY:**

**DATE SUBMITTED:** \_\_\_\_\_

Soror \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROPOSED CHANGE REGARDING:**

**ARTICLE:** \_\_\_\_\_ **PARAGRAPH:** \_\_\_\_\_ **SUBPARAGRAPH:** \_\_\_\_\_

**CURRENT LANGUAGE** (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUGGESTED REVISION** (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BASIS/REASON FOR REVISION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS/COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMITTEE REVIEW:** \_\_\_\_\_  
(Date and Initial):

**REVISION TO E-BOARD? YES/NO**  
**AS PROPOSED** \_\_\_\_\_ **WITH CHANGES** \_\_\_\_\_

**SUBMITTED TO CHAPTER VOTE:** \_\_\_\_\_ **PASS WITH 2/3 MAJORITY: YES/NO**  
Date (Active Sorors Present and Voting)

**10 DAYS NOTICE GIVEN:** \_\_\_\_\_  
Date

**Form must be submitted to the Policies and Procedures Committee for Consideration.**