

IOTA PHI LAMBDA SORORITY, INC.

National Assessment Form

Chapter _____ Region _____

Location _____

Total Sorors _____ Financial _____ Nonfinancial _____ New _____

Reinstated _____ Transfers _____ Honorary _____ Deceased _____

National Chapter Assessment _____
\$100.00 per year due **November 15th**

Per Capita Tax due **November 15th** _____
\$90.00 per soror

Name of Soror	Address/Email Address	Per Capita Tax

Name of Soror	Address/Email Address	Per Capita Tax

Total Per Capita Tax _____
National Assessment _____
Special Donations _____
Grand Total _____

Signed _____
Chapter President

Date _____

Note: Submit this report to: National Recording Secretary and a copy to you Regional Director