

**DELTA SIGMA THETA SORORITY, INC.**  
**A Service Sorority**

**GUIDELINES ON WRITING AND SUBMITTING**

**PROPOSED AMENDMENT TO THE SAN ANTONIO ALUMNAE CHAPTER POLICIES & PROCEDURES**

These guidelines are intended to provide the essential information you will need to submit a proposed amendment to the San Antonio Alumnae Chapter Policies & Procedures Committee.

- All proposed amendments must be typed and submitted on the chapter proposed amendment form.
- Use one (1) form for each proposed amendment. This form will ensure the proposed wording is **clear** and **concise**; and, ensure that each form is **completed** in its entirety.
- The preferred submission format is Microsoft Word or another word processing software. (No pdf files.)
- The completed form must include the name of the sponsoring member, email, and phone number.
- Completed proposed amendments, along with any supporting documentation, must be emailed to San Antonio Alumnae Chapter **NO LATER THAN December 13, 2025**.
- Before submitting, it is important to consider the impact of the proposed amendment on other chapter policies, governing documents, administrative tools, and Code of Ethics.
- If you have any questions or need assistance with completing the form, please contact the Chair of the Policies & Procedures Committee, Sheryl C. Womble at [parliamentarian@dstsaac.org](mailto:parliamentarian@dstsaac.org) or at (210) 601-9674.

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**Grand Chapter**

**PROPOSED AMENDMENT TO THE SAN ANTONIO ALUMNAE POLICIES & PROCEDURES**

Submit completed form to the Policies and Procedures Chair at [parliamentarian@dstsaac.org](mailto:parliamentarian@dstsaac.org)

Current Page	Article	Section	Number/Letter	Document must be typed written. To be completed by sponsoring member and Policy & Procedures Chair
<b>Current Policy &amp; Procedure Language (include the current text of the section or number exactly as it currently appears):</b>          				
<b>Proposed Amendment (write exactly as the proposed amendment text should appear, highlighting any additions, strikes, and substitutions):</b>          				
<b>Rationale (clearly explain the reasons for the proposed amendment and include any supporting data):</b>          				

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List other policies affected by the proposed amendment. *(Review the policies and procedures to determine other policies and procedures that may require a revision because of this proposed amendment.)*

Page	Article	Section	Number/Letter

**PROPOSED AMENDMENT SPONSOR & REVIEW CONFIRMATION:**

Sponsoring Member:	Email:	Phone:
Policy & Procedure Committee:	Date Received:	Date Reviewed:
Executive Board Review:	Date Reviewed:	# of Votes / Pass or Fail:
Chapter Review:	Date Reviewed:	# of Votes / Pass or Fail: