

## Applicant Information

**Approval Status**



**Name**

**Member Number**

**Mailing Address**

**Mobile Phone Number**

**Email**

## Application

**Application Type**



**Type of Incident/Disaster**



**Impact of Disaster**



**Impact Narrative**

Completely destroyed

## Chapter Information

**Membership Type**



**Chapter**

Brazosport Area Alumnae

**Chapter Address**

**Membership Verification Point of Contact Email**

**Chapter President Email**

**Regional Director Contact Information**

**CENTRAL**

Regional Director: Michelle Tucker

Email:

[mtucker@deltasigmatheta.org](mailto:mtucker@deltasigmatheta.org)

**MIDWEST**

Regional Director: Brittani Blackwell

Email:

[bblackwell1@deltasigmatheta.org](mailto:bblackwell1@deltasigmatheta.org)

**SOUTHWEST**

Regional Director: Crystal T. Barker

Email:

[cbarker@deltasigmatheta.org](mailto:cbarker@deltasigmatheta.org)

**EASTERN**

Regional Director: Dr. Marie-Carmel Durandisse Pressley

Email:

[mpressley@deltasigmatheta.org](mailto:mpressley@deltasigmatheta.org)

**SOUTH ATLANTIC**

Regional Director: Pamela Murphy Lewis

Email:

[pmlewis@deltasigmatheta.org](mailto:pmlewis@deltasigmatheta.org)

**FARWEST**

Regional Director: Kimberly M. Usher

Email:

[kusher@deltasigmatheta.org](mailto:kusher@deltasigmatheta.org)

**Regional Director Email**

[zpope@deltasigmatheta.org](mailto:zpope@deltasigmatheta.org)

**SOUTHERN**

Regional Director: Amaris Johnson

Email:

[ajohnson@deltasigmatheta.org](mailto:ajohnson@deltasigmatheta.org)

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**I certify that the information on this application is accurate. I understand that withholding information or giving false information will result in the denial of this application.**

Please Sign and Date: