



Annual Component Dues Statement

Date Due 12-31
Amount Due \$75.00

Chapter Name _____

Secretary _____

Official Mailing Address _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

Component Chapter Employee Identification Number _____
(Required by IRS)

Component Chapter By-Laws Enclosed Yes No
(Only include if revised since last submission)

Component List of Electees Names Yes No
and Addresses Enclosed

Sigma Phi Alpha will not process orders for inactive chapters (Those chapters who have not paid their current dues).

Make check payable to: Sigma Phi Alpha

Remit this form and dues to:
JoAnn L. Scofield, RDH, MS – SPA Treasurer
Texas A&M Health Science Center
Baylor College of Dentistry
3302 Gaston Avenue, Room 139C
Dallas, TX 75246