



2019-2020

Affiliate International Remittance of Funds Policies & Procedures

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AFFILIATE REMITTANCE SUBMISSION GUIDELINES

1. The affiliates shall use the International Affiliate Remittance Form (2 pages) to remit all individual and affiliate obligations to the international organization. Only ONE affiliate type should be submitted per remittance. **Please specify the sponsoring alumnae chapter name on the form.**
2. **Sponsoring Alumnae Chapter and Alumnae Chapter affiliate advisor must be financial before approval to induct new affiliate members will be granted.**
3. For Philo Affiliates, the Graduate Chapter Advisor, Local Philo President and Local Philo Financial Secretary/Treasurer shall sign the Affiliate Remittance Form to authenticate the remittance for the Philo group and/or individuals.
4. For Rhoer Clubs, the Rhoer Advisor, Alumnae Chapter Basileus and Alumnae Chapter Grammateus/Tamiochus shall sign the Affiliate Remittance Form to authenticate the remittance for the Rhoer club and/or individuals.
5. For Rhosebud Clubs, the Rhosebud Advisor, Alumnae Chapter Basileus and Alumnae Chapter shall sign the Affiliate Remittance Form to authenticate the remittance for the Rhoer club and/or individuals.
6. Grammateus/Tamiochus shall sign the Affiliate Remittance Form to authenticate the remittance for the Rhoer club and/or individuals.
7. Personal and/or Chapter checks are not accepted at ICHQ.
8. Only the International Affiliate Remittance Form (2 pages) will be accepted for remittance of affiliate funds. Any other forms or funds received without said form will delay processing.
9. Outdated forms will be held and remain unprocessed until a corrected form is received. The remitter(s) will be contacted for the corrected form. All current forms are available online at www.sgrho1922.org under the private navigation section. A username and password are required to access this page. Please contact ICHQ for access.
10. Typed forms are preferred; handwritten must be legible.

REMITTANCE DEADLINES

The Philo Affiliate Group shall remit **individual and group** obligations, whereas the Rhoer & Rhosebud Club shall remit **only the individual** obligations to the International **Corporate Headquarters by July 1st.** **There is a 90 - day grace period which ends September 30th. Remittance processing will take approximately 10 business days and during peak seasons up to 30 days to post. Peak seasons are February, July, September, and October.**

PAYMENT INFORMATION

ACCEPTABLE FORMS OF PAYMENT	MAIL	FAX*	EMAIL*
Money Orders	Sigma Gamma Rho Sorority, Inc. 1000 Southhill Drive Suite 200 Cary, NC 27513	919-678-9721	mailroom@sgrho1922.org
Cashier's Check			
Credit Card Authorization			

**WHILE EMAIL AND FAX ARE CONVENIENT, THEY ARE NOT ENTIRELY SECURE AND MAY BE INTERCEPTED BY THIRD PARTIES. WE HIGHLY RECOMMEND THAT YOU USE CARE AND CAUTION WHEN SENDING DOCUMENTS CONTAINING ANY PERSONAL, PRIVATE OR SENSITIVE INFORMATION THAT YOU WOULD NOT WANT VIEWED BY A THIRD PARTY.*

AFFILIATE GROUP & INDIVIDUAL FEES

Note that Rhoer & Rhosbud Clubs do not pay Affiliate Tax. Please refer to Philo and/or Rhoer handbook for approved induction periods. Induction Fees include a certificate, pin, and handbook. **Induction Fees must be sent 4 weeks prior to induction.** All new affiliate member packages will be sent to the advisor's address listed on the New Affiliate Remittance Form. This address CANNOT be a P.O. Box. Submitting a P.O. Box address will result in a delay of kit distribution. Please verify all information before submitting.

** Note that Rhosbud Clubs do not pay Affiliate Tax. There are no Rhosbud Club fees. Fees include certificate. All new Rhosbud affiliate certificates will be sent to the advisor's address listed on the New Rhosbud remittance form. This address CANNOT be a P.O. Box. Submitting a P.O. Box address will result in a delay of kit distribution. Please verify all information before submitting.*

	AFFILIATE GROUP/CLUB TAX	INDUCTION FEE	RETURNING ANNUAL FEE
PHILO	\$25.00	\$75.00	\$20.00
RHOER		\$50.00	\$15.00
RHOSEBUD		\$30.00	\$15.00

AFFILIATE GROUP ANNUAL CENTENNIAL ASSESSMENT

At the 56th International Boule in 2016, the Grand Chapter passed a recommendation requiring Philo Groups and Rhoer Clubs to pay an **annual** Centennial Assessment to help finance the Centennial goals beginning July 1, 2017 and ending June 30, 2021. This annual assessment is ranges from \$50.00-\$100.00 for Philos and is based on membership totals for the previous year. Rhoer Clubs are required to pay \$50.00.

Rhoer Clubs (not required for Rhosbud Clubs)		Philo Groups	
Centennial Assessment	\$50.00	# of Members	Centennial Assessment
		1 to 5	\$50.00
		6 to 10	\$75.00
		11 or more	\$100.00

OTHER FEES

LATE FEES & REINSTATEMENT FEES

1. Philo Affiliate group and individual assessments **received (not postmarked)** after the **September 30th** grace period must remit a late fee of \$10.00.
2. **A Philo who has been inactive may be re-activated with the Affiliate group by paying a fee up to \$25.00.** The breakdown is as follows: \$5.00 payable to the Local Affiliate group; \$5.00 payable to Regional Philo Treasurer (if applicable); \$5.00 payable to Sigma Regional Treasury (if applicable); \$5.00 payable to National Philo Affiliates; and \$5.00 payable to Sigma Gamma Rho Sorority, Inc.

	AFFILIATE GROUP LATE FEE	AFFILIATE INDIVIDUAL LATE FEE ⁽¹⁾	NATIONAL REINSTATEMENT FEE ⁽²⁾
PHILO	\$10.00	\$10.00	\$5.00

* Rhoers and Rhosebuds do not pay the club late fees

AFFILIATE FEE

Philos shall remit a separate Affiliate Fee to the National Philo Financial Secretary.

National Philo Financial Secretary P. O. Box 72 Oak Lawn, Illinois 60454	
Philo Group Assessment	\$25.00
Inductee Philo	\$15.00
Returning Philo	\$10.00

REGIONAL ASSESSMENT OVERVIEW

Regional assessments are submitted to the locations designated in the “Send to” column below. Please do not submit any regional assessments to ICHQ or include them on the International Affiliate Remittance with membership dues. For a more detailed breakdown and your region’s remittance form and fees, please visit your region’s website listed below.

	Individual Cost Range	Group/Club Cost Range	Send to	Region Grammateus	Region Website
CENTRAL REGION	\$10 - \$25	\$10 - \$25	PO BOX 36332 Cincinnati OH 45236	grammateus@sgrhocentral.com	www.sgrhocentral.com
NORTHEASTERN REGION	N/A	\$10 - \$20	PO Box 47457 Windsor Mill, MD 21244	ner.grammateus@sgrhoneregion.com	www.sgrhoneregion.com
SOUTHEASTERN REGION	\$5-\$10	\$5-\$10	PO Box 19825 Birmingham, AL 35219	grammateus@seregionsgrho.org	www.seregion1922.org
SOUTHWESTERN REGION	\$15 - \$60	\$10 - \$35	PO BOX 227133 Dallas, TX 75222	grammateus@sigmaswregion.com	www.sigmaswregion.com
WESTERN REGION	\$10 - \$15	\$10 - \$70	935 Kendall Drive Suite A-233 San Bernadino, CA 92407	grammateus@westernsgrho.org	www.westernsgrho.org



SIGMA GAMMA RHO SORORITY, INC.
 1000 SOUTHHILL DRIVE, SUITE 200 | CARY, NC 27513-8630
 WWW.SGRHO1922.ORG | 1.888.SGR.1922

2019 – 2020

International Remittance Form

PLEASE TYPE

Advising Chapter Name: _____
 Address: _____
 City, State, Zip: _____

Date Prepared: _____
 President: _____
 President's Phone#: _____
 Group Email: _____

Check ONE Affiliate: Philo Rhoer Rhosebud
 Check ONE Region: Central Northeastern Southeastern Southwestern Western

Individual Assessments

	Number of Members:		Associated Fee:		Total Amount:
Returning Fee		X		= A	
Late Fee (Philos Only)		X	\$10.00	= B	

Affiliate Group/Club

Affiliate Tax (Philos Only)			\$25.00	= C	
Late Fee (Philos Only)			\$10.00	= D	
Centennial Assessment				= E	

Other (Please Specify) _____ = F
 Other (Please Specify) _____ = G

Total Amount Submitted: (A+B+C+D+E+F+G)

Remitter Signature(s):

_____ Philo - President	_____ Philo - Financial Secretary / Treasurer Philo – Grammateus / Tamiochus	_____ Rhoer - Advisor
_____ Print Name	_____ Print Name	_____ Print Name
_____ Email	_____ Email	_____ Email

Headquarters Use Only

Date Recv'd	Amt. Recv'd	Form of Payment	Receipt #	Balance Due/ Credit
			<i>Auth. Code</i>	<i>Batch #</i>



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International Remittance Form

Region:	Advising Chapter Name:	Affiliate Type:
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Membership # Last, First Middle Initial	New Address*	Address City, State, Zip	Area Code Phone# E-Mail		School Name	Returning Fee	Late Fee	Rhoers & Rhosebuds Only	
								Date of Birth	Anticipated High School Graduation Date
1	<input type="checkbox"/>		C/H						
			E						
2	<input type="checkbox"/>		C/H						
			E						
3	<input type="checkbox"/>		C/H						
			E						
4	<input type="checkbox"/>		C/H						
			E						
5	<input type="checkbox"/>		C/H						
			E						
6	<input type="checkbox"/>		C/H						
			E						
7	<input type="checkbox"/>		C/H						
			E						
8	<input type="checkbox"/>		C/H						
			E						
9	<input type="checkbox"/>		C/H						
			E						
10	<input type="checkbox"/>		C/H						
			E						

* Please check box if new address or personal information changed
 ** SEE INSTRUCTIONS AND OVERVIEW LISTING OF ASSOCIATED FEES

Subtotals:

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