

*Gamma Phi Delta Sorority Inc.*  
*A non-profit organization of business and professional women*

**Merchant Agreement and National Usage Guidelines**  
**For Gamma Phi Delta Sorority Inc. Copyrighted**

Permission to use the Copyrighted Official Shield, Greek Lettering and Symbols of Gamma Phi Delta Sorority Inc. must be granted by the National Recording Secretary of the organization. A Merchant and Usage Application must be submitted and payment in full of Usage Fee must be processed prior to use of Copyrighted insignia. Policies regarding use of copyrighted material on **saleable** items are as follows:

- I. Exact replica of Official Shield must be used in either black and white or official sorority colors only. No alterations or modifications may be made to the Official Shield.
- II. Payment of Usage Fee does not guarantee vendor space at sorority conferences or events. Vendor booth rental must still be paid in full.
- III. An Approved Vendor/Merchant is defined as a business or individual who sells items with the Gamma Phi Delta Official Shield and/or Logo on merchandise.
- IV. The Usage Fee enables the approved party to use the Copyrighted Insignia for a period of two years.
- V. The Usage Fee will be \$150.00 for sorority members\* and \$300.00 for non-sorority members and outside vendors. \*Sorority Members must be financial within the sorority at all levels upon the submission of this application.
- VI. Gamma Phi Delta insignia may be printed on clothing, bags, jewelry, glassware, scarves, etc. All items except jewelry shall be in the official colors of Gamma Phi Delta Sorority Inc. Proofs of color palette must be submitted with application either by sample or color photograph.
- VII. Merchant Agreements are not transferable.

Process for Submission of Application is as follows:

- i. The application and product sample **only** should be sent to the National Recording Secretary at [nationalsecretary@gammaphideltasorority.com](mailto:nationalsecretary@gammaphideltasorority.com). The product sample may be submitted by an actual sample or by photograph.
  - ii. Our National Recording Secretary will review the application and either approve or disapprove the application. You will be notified within 14 days of receipt with application status.
  - iii. Usage Fees **must** be sent to the National Financial Recording Secretary of Gamma Phi Delta Sorority Inc. 17509 Isle Royale Terrace, Dumfries, VA, 22025 for processing.
  - iv. If application/agreement is approved, a copy of the Official Shield of Gamma Phi Delta Sorority Inc, in Black and White and Official Sorority colors, will be forward to you directly. Where the application/agreement is not approved, your funds will be promptly returned.
- VIII. *Sorority Members are not required to pay the Usage Fee on Copyrighted Official Shield for business purposes only on non-saleable items (i.e. Chapter Letterhead, Envelopes, Brochures, etc)*

**COPYRIGHT© AND REGISTERED TRADEMARK®**

*National Headquarters*  
*2657 W. Grand Boulevard, Detroit, Michigan 48208*  
*(313) 873-2691*

*Gamma Phi Delta Sorority Inc.*  
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**MERCHANT AND USAGE APPLICATION**

Name of Business/ Chapter/ Individual: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Proposed Date of Use: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check the following that apply: You are a-  
**Sorority Member:** \_\_\_\_\_ **Non-Sorority Member:** \_\_\_\_\_  
**Merchant/Seller:** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_

Preferred Method to Communicate Approval: Please check (√) one of the following:

Email:  \_\_\_\_\_ @ \_\_\_\_\_

Phone:  (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mail:  \_\_\_\_\_ Address

**Please fill out and list the items in which you wish to duplicate as a saleable item.**  
**Attach Additional Sheet if Necessary**

Item	Dimensions	Qty	Proof Submitted
I.) T-Shirt	Sizes XS-XXL	125	Y
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

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# *Gamma Phi Delta Sorority Inc.*

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## **RULES AND REGULATIONS FOR USE OF GAMMA PHI DELTA OFFICIAL INSIGNIA, OFFICIAL SHIELD AND ANY COPYRIGHTED MATERIAL OF GAMMA PHI DELTA SORORITY, INC.**

- I. Exact replica of Official Shield must be used in either black and white or official sorority colors only. No alterations or modifications may be made to the Official Shield.
- II. Payment of Usage Fee does not guarantee vendor space at sorority conferences or events. Vendor booth rental must still be paid in full.
- III. An Approved Vendor/Merchant is defined as a business or individual who sells items with the Gamma Phi Delta Official Shield and/or Logo on merchandise.
- IV. The Usage Fee enables the approved party to use the Copyrighted Insignia for a period of two years.
- V. The Usage Fee will be \$150.00 for Sorority Members\* and \$300.00 for Non-sorority Members and Outside Vendors. \*Sorority Members must be financial within the sorority at all levels upon the submission of this application.
- VI. Gamma Phi Delta insignia may be printed on clothing, bags, jewelry, glassware, scarves, etc. All items except jewelry shall be in the official colors of Gamma Phi Delta Sorority Inc. Proofs of color palette must be submitted with application either by sample or color photograph.
- VII. Merchant Agreements are non-transferrable.

### **Process for Submission of Application is as follows:**

- 1) The application and product sample **only** should be **emailed** to the National Recording Secretary of Gamma Phi Delta Sorority Inc., at **[nationalsecretary@gammaphideltasorority.com](mailto:nationalsecretary@gammaphideltasorority.com)**.
- 2) Our National Recording Secretary will review the application and either approve or disapprove the application. You will be notified within 14 days of receipt with application status.
- 3) Usage Fees must then be sent to the National Financial Recording Secretary of Gamma Phi Delta Sorority Inc. Denise Y. Smith, 17509 Isle Royale Terrace, Dumfries, VA 22205 for processing **after approval** of National Recording Secretary.
- 4) If application/agreement is approved, and fees submitted a copy of the Official Shield of Gamma Phi Delta Sorority Inc., in Black and White and Official Sorority colors, will be forward to you directly. Where the application/agreement is not approved, your funds will be promptly returned.

**Sales Site Restrictions:** Sales from hotel rooms or areas other than approved vendor space by authorized vendors is prohibited.

**Code of Conduct:** Exhibitor agrees to conduct themselves in a business and professional manner that includes respecting officers and members of Gamma Phi Delta Sorority, Inc. and hotel or venue staff and representatives at any event of Gamma Phi Delta Sorority, Inc. where they contract booth space. Failure to adhere to this code of conduct will result in the immediate forfeiture of the opportunity to be a vendor for Gamma Phi Delta Sorority, Inc. at any time in the future.

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## COPYRIGHT© AND REGISTERED TRADEMARK® MERCHANT AND USAGE APPLICATION

Name of Business/ Chapter/ Individual: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Proposed Date of Use: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check the following that apply: You are a-  
**Sorority Member:** \_\_\_\_\_ **Non-Sorority Member:** \_\_\_\_\_  
**Merchant/Seller:** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_

Preferred Method to Communicate Approval: Please check (✓) one of the following:

Email:  \_\_\_\_\_ @ \_\_\_\_\_

Phone:  (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mail:  \_\_\_\_\_

**Please initial the statement below to denote that you have read the Merchant and Usage Guidelines:**

I have read the above-listed Merchant and Usage Guidelines and understand the rules and regulations regarding all Copyrighted and Trademarked articles of Gamma Phi Delta Sorority Inc. I agree that if I or any agent of my company/chapter misuses sorority insignia, that my Approved Merchant status will be revoked immediately, pending review and possible banishment of selling Gamma Phi Delta Sorority collateral and paraphernalia.

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Office Use Only***

Applications Received:

\_\_\_\_\_  
National Recording Secretary

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
National Financial Secretary

\_\_\_\_\_  
Date Received      \_\_\_\_\_  
Amount Received

Application: Approved \_\_\_\_\_

Disapproved \_\_\_\_\_