

DOA Clothing Manual and Vendor Application





Sacredness of Sorority's Shield:

The shield of Delta Omicron Alpha (ΔΟΑ) Military Sorority, Inc. cannot be changed in any manner. No items can be added nor can items be taken away from this sacred mark of our beloved. Sorority. It is emblematic of the sophistication we share as women warriors and its' iridescent luster must not be diminished.

Sorority Colors:

The colors of the Sorority are teal, white, black and silver. (add embroidery color codes based upon feedback). **PANTONE CODES FOR DOA : PMS: 3258C HEX: 30E4C9**

When ordering items with the Sorority's Marks:

1. The Greek letters ΔΟΑ cannot be substituted for the English letters DOA in clothing bearing marks of the Sorority.
2. Members are not authorized to use copyrighted material as this puts both the member and Sorority at risk for litigation. Please verify images before using them on your items.
3. No inappropriate content, phrases or images should be used.
4. Do not buy items that place our ΔΟΑ symbols on another sorority's/fraternity colors.
5. The shield should not be alternate in any way. Do not have items produced with writing or numbers embedded on it. Do not use our shield in conjunction with any other Sorority/fraternity/organization crest or shield. The crest, shield or letters should not be placed on the sole or underneath any footwear or inappropriate apparel that will be placed on body parts (i.e. thighs and buttocks etc.).
6. The image of the shield can be placed on the front of a jacket, sweater/cardigan, polo, boots, paddle, t-shirt plaques etc.
7. Only members of the Sorority are authorized to wear the Greek letters and paraphernalia.
8. Should you purchase an item that does not comply with these guidelines, you will be fined.

Vendors:

Before production of any items for sale, items must be reviewed by executive leadership and the vendor fee paid. The vendor fees are due annually, \$500.00.



Vendor Application Part I:

Email: _____

Website: _____

Company Name: _____ Company Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Describe your company and what it makes or sales: _____

Primary Contact Person: _____

Signature: _____

Date: _____

Please list the type of merchandise produced and sold by your company. **Please provide photographs of the items you are seeking to sell to members of our organization**

Vendor Application Part II:

Detailed Description of work being done.

Example:

Initiation Jacket

A. All crossing jackets will be white

Front: Greek letters will be teal with black outline. Greek letters located on left side with Delta Omicron Alpha going through each Greek letter in black lettering and sorority shield on right.

Back: Member line name will be centered on upper portion of the jacket; member's line number will be centered on the back; the sorority motto "I Am My Siste'rs Keeper" will be centered on lower portion of the jacket.

Left sleeve: Chapter- Line- Year and Greek letters will be used when appropriate (i.e. the Delta line will be the Greek symbol Delta Δ and not a D) **Ex: NL- Δ 17 (National -Delta) GA- Δ 17 (State- Delta)**

Left sleeve: Qtr and Qtr # Ex: QTR '1, QTR'2, QTR'3, QTR '4



Please list the work you will be doing for ΔOA in detail:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Vendor Application Part III:

If your workmanship is approved, you will be contacted by the executive leadership of our Sorority. At that time we will ask you to remit payment for your Vendors License. The form below should be submitted with your payment.

- | | | | | |
|-----------------------------------|---|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Master Card | <input type="checkbox"/> Credit/Debit Card | <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> \$500.00 | <input type="checkbox"/> American Express | | | |
| | <input type="checkbox"/> Visa | | | |
| | <input type="checkbox"/> Discover | | | |

***The vendor fee is on a calendar year basis. You have the option to renew at the end of your license expiration date.**

Card Number: _____ Expiration Date: _____

Check/Money Order Number: _____

Total Submitted: _____ Date: _____

FOR NATIONAL USE ONLY

Verified By: _____

Approved By: _____