



# Membership Form 2023-2024

Internal Use Only:  
Mbr. #: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ck. #: \_\_\_\_\_  
\$: \_\_\_\_\_

*Please Print*

Name: \_\_\_\_\_

First

Maiden

Last

New Member

Sustaining Member: 1-19 years

Panhellenic Pearl Member: 20+ years

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

Street

City

State

ZIP

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Sorority: \_\_\_\_\_

Employer: \_\_\_\_\_

Send my directory:  E-Mail  Mail

JAPA communication will be sent by email:  Yes  No

**Membership Dues: \$40.00**

**Recent Graduate Dues: \$20.00**  
(1<sup>st</sup> time member graduated in 2018-2023)

**Order magnetic name tag: \$15.00** (Optional)  
Print how you want your name reflected and if you want your sorority name printed.

Name: \_\_\_\_\_ Sorority listed?  yes  no

*Photos are used for marketing materials, the JAPA website, and social media. Please refrain from joining JAPA photos if you prefer not to have your picture shared.*

**Scholarship Donation \$ \_\_\_\_\_**  
*100% of donations will be used for the Scholarship program.*

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

*Please include the address for honoree notification:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Directory Ad:** Business Name: \_\_\_\_\_

**Business Card @ \$10.00**  **¼ Page @ \$15.00**  **½ Page @ \$20.00**  **Full Page @ \$40.00**  
The Directory Chair will contact you regarding Ad copy. Ads are due by **September 19, 2023**

## Payment Method Options:

### By Digital Payment via Square:

Please invoice me at the following email:

\_\_\_\_\_@\_\_\_\_\_

I authorize JAPA to charge the amount listed above to the credit card provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I am aware that by using my credit card JAPA will add a **\$1.50 fee of total billed via Square.**

**Please return your Membership form to:**  
**mcmalzahn@comcast.net**

**By Check:** Please make checks payable to **Jacksonville Alumnae Panhellenic Association** and mail check and form to: Monique Malzahn, 3772 Helicon Drive, Jacksonville, FL 32223 mcmalzahn@comcast.net

**Total JAPA Support: \$ \_\_\_\_\_** (Total of Dues, Nametag, Scholarship, Directory Ad).

**Thank you for your interest and participation.**