



# Membership Form 2022-2023

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: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/>	JAPA communication will be sent via email
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<input type="checkbox"/> <b>Membership Dues: \$35.00</b> <input type="checkbox"/> <b>Recent Graduate Dues: \$20.00</b> (1st time member graduated in 2017-2022) <input type="checkbox"/> <b>Order magnetic name tag: \$15.00</b> (Optional) Print how you want your name reflected and if you want your sorority name printed? Name _____ Sorority _____ <i>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.</i>	<input type="checkbox"/> <b>Scholarship Donation \$ _____</b> <i>100% of donations will be used for the Scholarship program.</i> In Memory of: _____ In Honor of: _____ <i>Please include the address for honoree notification:</i> _____ _____ _____
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<b>Directory Ad:</b> Business Name: _____ <input type="checkbox"/> <b>Business Card @ \$10.00</b> <input type="checkbox"/> <b>1/2 Page @ \$20.00</b> <input type="checkbox"/> <b>Full Page @ \$40.00</b> Directory Chair will contact you regarding Ad copy. Ads are due by <b>September 26, 2022</b>
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## Payment Method Options:

<input type="checkbox"/> <b>By Digital Payment via Square:</b> 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 that JAPA will add a <b>\$1.50 fee of total billed via Square.</b> <b>Please return your Membership form to:</b> <b>mcmalzahn@comcast.net</b>	<input type="checkbox"/> <b>By Check:</b> Please make checks payable to <b>Jacksonville Alumnae Panhellenic Association</b> and mail check and form to: Monique Malzahn, 3772 Helicon Drive, Jacksonville, FL 32223 mcmalzahn@comcast.net  <b>Total JAPA Support: \$ _____</b> <i>Total of Dues, Nametag, Scholarship, Directory Ad</i>
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**Thank you for your interest and participation.**