

MIAMI WOMEN'S PANHELLENIC
Membership Form 2020-2021

Name: _____
Last First Maiden Husband's First Name

Address: _____
Number Street Apt. Number

City State Zip

Home Phone: _____ Work/Cell: _____

E-mail Address: _____

Sorority: _____ University: _____

Employer: _____

Birthday: Month ____ Day ____ Other Special Day: _____ Month ____ Day ____

COMMITTEES

Please check the Committees/ Areas that you might enjoy:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Membership | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Scholarship Selection | <input type="checkbox"/> Historian/Photography | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Door Prizes, etc. | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Fraternity Education | <input type="checkbox"/> Programs/Speakers | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Holiday Luncheon | <input type="checkbox"/> Scholarship Luncheon | <input type="checkbox"/> Registration/Name Tags |

Hobbies: _____

Program Suggestions: _____

Would you like transportation to the meetings? Yes No

Annual Dues: \$25.00 or **Scholastic Benefactor Dues: \$35.00 (\$10 to the Scholarship Fund)**

I wish to contribute to the Scholarship Fund in the additional amount of \$ _____.

Total payment: \$ _____ See website "Events" page for payment options

Please take time to complete this membership form to help us update our records and better plan for our organization. **Information on the form will appear in the yearbook.** Memberships received after the yearbook is published will be listed in subsequent addenda.

Signature _____ Date _____

Miami Women's Panhellenic



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MiamiAPH

