

MIAMI WOMEN'S PANHELLENIC
Membership Year 2024-2025

If you are renewing your membership, check here _____. Please complete your name and any other information that has changed since last year.

Name: _____
 Last First Maiden Husband's First Name

Address: _____
 Number Street Apt. Number

 City State Zip

Home Phone: _____ Cell: _____ Work/Other: _____

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"/> Membership | <input type="checkbox"/> Scholarship Selection | <input type="checkbox"/> Historian/Photography |
| <input type="checkbox"/> Door Prizes, Etc. | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Holiday Luncheon | <input type="checkbox"/> Scholarship Luncheon | <input type="checkbox"/> Registration/Name Tags |

Hobbies: _____

Program Suggestions: _____

Would you like to be part of a What's App Group? Yes ____ No ____

Member Annual Dues: **\$50.00 (\$25 for recent graduates - last 2 years)**

Scholarship Benefactor Additional Donation: _____

Benefactor levels: Star: \$25; Rhinestone Levels: \$50 (Green), \$75 (Purple), \$100 (Blue), \$200 (Pink), \$500 (Red), \$1,000 (Diamond)

Total payment amount: \$ _____

Pay by Venmo to @tamarah-blanco; by Zelle 786-473-8314; by check to Miami Women's Panhellenic. (If paying by check, please contact us for the mailing address)

Please email the completed form to MWPMiami@gmail.com or contact us for the mailing address.

**Information on the form will appear on our members-only pages on the website
(www.miamiwomenspanhellenic.org)**