

Baltimore Alumnae Chapter of Alpha Omicron Pi
2009-2010 Membership Form

Name: _____

Maiden Name: _____ Initiation Yr/Chapter: _____

Address: _____

Phone Number: _____ Email: _____

Birthday: _____ Life Loyal Number (if app.): _____

Dues: \$50

Life Loyal -\$16

Optional Donations:

Arthritis Research \$ _____

Annual Fund \$ _____

Scholarship Fund \$ _____

Endowment Fund \$ _____

Ruby Fund \$ _____

Chapter Expenses \$ _____

Calendar(s)

with envelope (\$4.50) \$ _____

without (\$4.00) \$ _____

Total Enclosed: \$ _____

Please check one or more offices you would be interested in serving:

- | | | |
|--|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Corresponding Secretary | <input type="checkbox"/> Recording Secretary | |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Panhellenic Delegate | <input type="checkbox"/> Membership Education |
| <input type="checkbox"/> Collegiate Liaison | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Events Chair |
| <input type="checkbox"/> Membership Chair | <input type="checkbox"/> MIF Chair | |

Interested in car-pooling??? We can help try to match you with a sister in your area.

- I would like to car-pool, can drive
 I would like to car-pool, can't drive