Delta Delta Delta
Atlanta Alumnae Chapter
Membership Form 2018-2019

Name:_____
Last *First/Preferred* *Maiden*

Address:_____

City, State, Zip:_____

Home Phone: _____ Cell Phone: _____ Email: _____

Chapter:_____University:_____

Occupation: _____ Title: _____ Initiation Year: _____

Company: _____ Work Phone: _____ ext._____

☐ *I would like my company/occupation information to be published in the Atlanta Alumnae Chapter Directory's networking section (received by dues paying members ONLY).*

Birthday: _____ Spouse/Partner's Name: _____ Occupation: _____

New Member: ☐ Yes ☐ No

Interest Groups – I'm interested in receiving information about (check all that apply):

- ☐ 20Somethings
- ☐ Delta Day Group
- ☐ Delta Nights
- ☐ Night Book Club
- ☐ Day Book Clubs
- ☐ Food & Wine Group
- ☐ Delta Squared

Community Service – I'm interested in participating in/volunteering for:

- ☐ St. Jude Walk/Run to End Childhood Cancer (Atlanta) on Saturday, September 23 2017
- ☐ Care Affair Committee

Work with Collegians – I'm interested in:

- ☐ Supporting the Emory Chapter by serving on the Collegiate-Alumnae Relations Committee
- ☐ Assisting with Emory Recruitment
- ☐ Providing a reference for_____County, _____School

Alumnae Chapter Support

- ☐ I'm interested in getting more involved by serving as an officer, chairperson, or committee member. Areas of interest and/or skills:_____
- ☐ I'd be happy to host a meeting at my home or clubhouse
- ☐ I'd like to suggest the following program ideas:_____

Carpooling

- ☐ I'm interested in carpooling to events and live in:_____

Communication – All members will receive the monthly enewsletter, the bi-annual chapter newsletter (Starlights), and a membership directory. To save money, the directory and Starlights will be sent electronically unless you check the boxes below:

- ☐ I need Starlights as a hard copy
- ☐ I need the directory as a hard copy

Dues – Choose one and make checks payable to Delta Delta Delta:

If paying online with PayPal, convenience fees are additional and will be added to the total amount.

- ☐ $35 – 2016 or 2017 Graduate
- ☐ $35 – Golden Circle Member (50+ years Tri Delta member)
- ☐ $48 – Regular Alumnae Membership
- ☐ $68 – Patron Member (assists Atlanta Alumnae Chapter financially)
- ☐ $28 – Life Loyal Member (paid DDD Life Loyal dues) – includes local dues only
- ☐ $48 – Life Loyal Patron Member (paid DDD Life Loyal dues) – assists Atlanta Alumnae Chapter financially

In addition to my dues, I would like to contribute to:

- ☐ Care Affair (benefiting CURE Childhood Cancer) $_____ (make check payable to Care Affair)
- ☐ Delta Delta Delta Foundation $_____ (make check payable to DDD Foundation)

Membership forms & checks should be sent to:

Locksley Randle, Membership Chair
2814 Peachtree Road NW, Unit 10; Atlanta, GA 30305

OR

Use Paypal: http://www.atlantatridelta.com/Membership.html

Membership questions should be directed to:
email: membership@atlantatridelta.com or phone: (423)653-2981