

**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):

- | | |
|--|--|
| <input type="checkbox"/> 20Somethings | <input type="checkbox"/> Day Book Clubs |
| <input type="checkbox"/> Delta Day Group | <input type="checkbox"/> Food & Wine Group |
| <input type="checkbox"/> Delta Nights | <input type="checkbox"/> Delta Squared |
| <input type="checkbox"/> Night Book Club | |

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
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