



Zeta Tau Alpha
Silver Spring Alumnae Chapter
2011-2012 Membership Information Form
www.silverspringzta.org



Please join your ZTA alumnae sisters for another event-filled year!

Name (first, middle, maiden, last) _____

Address _____

Home # _____ Work# _____ Cell# _____

Collegiate Chapter _____ University/College _____ Initiation Year _____

Occupation _____

Company _____

E-mail _____ Birthday _____

How often do you check e-mail? Daily Weekly Monthly Never

Dues paying members from the past two years will receive monthly postcard reminders. If you would like to save the chapter postage and only receive electronic announcements for upcoming events, please put a check in the box.

Hobbies/Interests: Please check all that apply in the table below.

Community Service	Social Activities	Personal Enrichment	ZTA Officer Position	Other Interests
<input type="checkbox"/> Race for the Cure <input type="checkbox"/> NFL Think Pink <input type="checkbox"/> Adopt a Family <input type="checkbox"/> Assist Collegians <input type="checkbox"/> Garage Sale <input type="checkbox"/> Fundraiser <input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Happy Hours <input type="checkbox"/> Dinners Out <input type="checkbox"/> Dinners In <input type="checkbox"/> Movie Nights <input type="checkbox"/> Family Activities <input type="checkbox"/> Founder's Day <input type="checkbox"/> Spa Day <input type="checkbox"/> Zeta Day	<input type="checkbox"/> Field Trips <input type="checkbox"/> Cooking Class <input type="checkbox"/> Book Discussions <input type="checkbox"/> Financial Planning <input type="checkbox"/> Wellness/Fitness <input type="checkbox"/> Pottery <input type="checkbox"/> Pampered Chef	<input type="checkbox"/> Service <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Historian <input type="checkbox"/> Panhellenic <input type="checkbox"/> Programming <input type="checkbox"/> Membership <input type="checkbox"/> President	Please list: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

You may fill out your Membership Information Form and pay electronically at www.silverspringzta.org. You may also bring your form and dues to any Silver Spring chapter event. Or, you may print the application and mail it to:

Tabitha Chapman
934 N Cleveland Street
Arlington, VA 22201

All payments should be made to Silver Spring Alumnae Chapter of ZTA.

_____ I am a recent graduate of two years (2010-2011). The rock-bottom price of \$30 is enclosed.

_____ I am paying by October 15. The discounted rate of \$40 is enclosed.

_____ I missed the early deadline. The regular rate of \$45 is enclosed.

_____ I want to give more. My contribution of \$ _____ is enclosed.

(Foundation level giving: \$60 strawberry, \$80 crown, \$100 Themis member, \$150 Turquoise ZTA Lady, \$300 Steel Grey Sisterhood)

Please contact Tabitha Chapman for more information at (202) 270-0947 or TabC2002@gmail.com