

North Shore Alumnae Membership Form 2010-2011

Please complete and mail this form and your check to: ZTA North Shore, c/o:
Sharon Shimizu, 4541 N Campbell, Chicago IL 60625

Name: _____

Address: _____

Phone: _____

Email: _____

I want to be Green: Please email all information to me: _____ YES _____ NO

Date of Birth: Month _____ Day _____ Year (optional) _____

College /College Chapter/Year of Initiation:

Meeting
Suggestions: _____

Hobbies: _____

Levels of Membership

New Member Membership: \$25

Listed as a member in good standing

Alumnae dues & fees paid to ZTA IO

Receives calendar and Membership list.

Full Membership: \$30

Includes all the benefits of

Associate Member plus updates

And mailings for activities.

Crown Membership: \$50+

Includes all the benefits of Full

Member plus special recognition

In our newsletter and at the Tea.

Membership Level: _____ New Member _____ Full _____ Crown

Donation: _____ I am not interested in Membership at this time but I would like to make a
Donation.

Check enclosed for \$ _____

Please make all checks payable to ZTA Northshore
Alumnae Chapter