



VALLEY CHI OMEGA ALUMNAE MEMBERSHIP FORM 2010

**Please print clearly, we respect your privacy and will not share your personal information with any 3rd party.*

First Name:	Last Name:	Initiated Last Name:
Address (Street, City, State, Zip)		
Phone:	E-mail:	Birthday:
Occupation:	Employer:	Years in Position:
Spouse's Name:	Children's Names:	Ages:
Hobbies:		
We are considering producing a Valley Chi Omega Alumnae Directory. Would you be interested in receiving a directory?		
Yes No		
I would like to make an additional contribution to support the alumnae group of:		
\$ _____		
<i>Annual dues are \$35. Please fill out this form and mail it with a check payable to Valley Chi Omega Alumnae and mail to Treasurer Jill Smith, 835 West Natal Avenue, Mesa, AZ 85210</i>		
If you paid online using PayPal, please check this box <input type="checkbox"/>		
www.chiomega.com/alumnae/phoenixvalleyaz		



Phoenix

Chi Omega Alumnae
chiomega.com/alumnae/phoenixvalleyaz