



Chicago North Shore Alumnae Association of Alpha Xi Delta Membership Form

Last Name First Name Middle Name/Initial Maiden Name

Address: Number Street City Zip Code

Home Phone Cell Phone Other Phone

Primary e-mail Secondary e-mail Birthday (day and month)

Initiation Date Initiation University Initiation Chapter

Would you like to serve on the Membership Committee? _____

Would you be willing to call to recruit members? _____

Would you be willing to call to remind members of meetings? _____

Would you drive members to meetings, and if so, from what communities? _____

Do you need a ride in order to attend meetings? _____

What programs would you like to see in the future/share with the program chairman? _____

Are you able to be a hostess/co-hostess/ or would you like to serve in another capacity? _____

Do you have ideas for other fundraisers for Autism Speaks since we are losing the Community Days sales with Carson's going out of business?

Other comments: _____

Thank you!

