

MCKINNEY AREA ALUMNAE PANHELLENIC
RECRUITMENT REGISTRATION FORM

Please register by providing the information requested below.

Complete form then mail to:

MAAP, % Kim Jordan, 5121 Feather Crest, McKinney, TX 75070

Name _____

E-mail Address _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Father's Name _____ Fraternity _____

Mother's Name _____ Sorority _____

Maiden Name _____

Other Legacy
Information _____

High School _____ GPA _____ on a _____ scale

Anticipated Graduation Date _____

College Will Attend _____ Classification _____

Orientation Date _____ College Previously Attended _____ GPA _____

I have provided the information above at my discretion for inclusion in the McKinney Area Alumnae Panhellenic master file to be released to member sororities as a recruitment information resource. MAAP shall make no evaluation of any kind on the basis of this data.

I agree to email MAAP with the sorority in which I will become a pledge following recruitment. (mckinneypanhellenic@gmail.com)

Signature _____

Date _____

**YOU MUST ALSO MUST ALSO REGISTER WITH
YOUR COLLEGE PANHELLENIC**