



2017 2018

Jacksonville Alumnae Panhellenic Association (JAPA) Membership Application

Please Print *LEGIBLY*

Internal Use Only:
Mbr. #: _____
Date: __/__/__
Ck. #: _____
\$: _____

Name: _____ New Member:

First Last Maiden

How did you hear about JAPA? _____ # of Years in JAPA: _____

Address: _____

Phone Number: _____ City State ZIP Birth Date: __/__/__

Email Address: _____ Spouse's Name: _____

College/University: _____ Sorority: _____

Employer : _____

Send my newsletter: Mail E-mail Send my directory: Mail E-mail

Membership Dues: \$35.00

Scholarship Fund Recognition Levels:

- Supportive Sister \$15.00-\$24.00
- Generous Greek Giver \$25.00-\$49.00
- Panhellenic Patron \$50.00-\$74.00
- Athena Society \$75.00 +

Scholarship Donation \$ _____

In Memory Of _____

In Honor Of _____

Please include address/phone for thank you card:

Address: _____

Phone: _____

Directory Ad: \$ _____

Business Card @ \$10.00

1/2 Page @ \$20.00

Full Page @ \$40.00

(Directory Chair will contact you regarding Ad copy, Due October 10, 2017)

Total JAPA Support: \$ _____

(Total of Dues, Scholarship, Directory Ad)

Thank you for your interest and participation!

Please make checks payable to **Jacksonville Alumnae Panhellenic Association** and mail check and form to:

Monica Ferguson
3185 Kernan Lake Cir, Apt 107
Jacksonville, FL 32246

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: __/__/__ Card Identification Number (3 Digits) _____ Payment Amount: _____

Name as it appears on Credit Card: _____

Cardholder Signature: _____ Date: _____

I authorize JAPA to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I am aware that by using my credit card that JAPA will add a 3.5% + \$.15 fee to my total.