

New York Alumnae Chapter – Membership Questionnaire for 2009-2010

(Note: If the information on page 1 is the SAME as what was in last year's yearbook, please fill out page 2 ONLY.)

PERSONAL INFORMATION *(Please provide all information as you want it listed in the Yearbook!)*

_____ Maiden Name: _____ Birthday (MM/DD): _____
Last First Middle

Address: _____ Cross Streets: _____

City/State/Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

E-mail: _____ Partner *(If you'd like her/him listed in the yearbook.):* _____

Web site: _____

SCHOOL INFORMATION

School of Initiation: *(current name of school)* _____ Chapter: _____ Year Initiated: _____

Undergraduate Degree: _____
Type of degree Major Name of school

Graduate Degree: _____ Post-Graduate Degree: _____
Type of degree Major Name of school Type of degree Major Name of school

Performance Field(s): _____ Other instruments or Voice Part: _____

FRATERNITY HONORS *(Please check ALL that apply.)*

Ring of Excellence Ruby Sword of Honor Chapter Service Award Rose of Honor Sword of Honor
 Rose of Dedication Diamond Sword of Honor 25-Year Member 50-Year Member NYAC Rose of the Year
 National Alumnae Leadership Award National College Leadership Award SAI Scholastic Award
 Other (specify): _____

If you have any questions about this form, please contact Sue Landis at: 347.649.1428 or treasurersainyac@gmail.com

LOCAL DUES

Please check the member status that applies to you and send a check (made out to SAI) for the full amount with this questionnaire to:

Sue Landis	4708 31 st Ave.; #4D	Astoria, NY 11103
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___ \$35 NYAC Full Membership (previously known as Active Member)* ___ \$15 Friends of NYAC (for people who live outside the NY area)*

NOTE: If you wish to pay by credit card, please visit our Web site: <http://www.sainyac.com/> Note that it is \$36.50 if you pay online. (There is a \$1.50 service charge for paying through PayPal.) **If you do pay online, be sure to still mail this form to Sue Landis!**

*Please note that ALL Alumnae Members will be billed \$25 from National each year to cover your Alumnae Association dues. That \$25 will go DIRECTLY to National, not to our treasurer! Watch for your notice in the mail from the Alumnae Association. Be sure to pay it PROMPTLY. If you do NOT pay your Alumnae Association dues, you may NOT be a fully participating, voting member of the NYAC. Those members who are 50+ year members and/or 70+ years of age are NOT required to pay Alumnae Association dues or local dues. However, if you would like to pay local dues, you may. Thank you!

YEARBOOK/NEWSLETTER

We e-mail both the Yearbook and the Newsletter to our members. If you do **NOT** have access to e-mail, please check that you would like to receive these by **Regular Mail**. Yearbook:___ Newsletter:___

VOLUNTEERING & COMMITTEES

Please check all committees and ad-hoc committees on which you are willing to serve/chair. Please note that you will be assigned to all committees you check!!! (Note that an officer serves as an automatic committee chair for Newsletter, Membership, and Finance.)

If you are willing to serve on ANY committee, check here: ___. (You will be assigned to a committee or committees where you are needed the most.)

<u>Serve</u>		<u>Serve</u>	<u>Chair</u>		<u>Serve</u>	<u>Chair</u>		<u>Serve</u>	<u>Chair</u>	
___	Newsletter	___	___	Fundraising	___	___	Honors	___	___	Scrapbook/Chapter History
___	Membership	___	___	By-Laws	___	___	Program/Ritual	___	___	Social/Special Events
___	Finance	___	___	Service Project						

- Would you be willing to be to host a meeting? ___ Yes ___ No Would you be willing to coordinate a monthly social event? ___ Yes ___ No
 Would you be willing to perform on a musicale? ___ Yes ___ No
 Are you serving on any National Committees? ___ Yes ___ No If Yes, what committee? _____

EMERGENCY CONTACT

We get worried when we don't hear from our members on a regular basis. We will always try to reach members by the contact information they have given us. However, in the rare case we aren't able to reach a member for a significant period of time, we are asking members to please provide an emergency contact. This will remain confidential—only the NYAC Executive Board will have access to it. An emergency contact can be ANYONE, ANYWHERE that we can contact in order to find out if a member is OK. This section is optional!!!

Name: _____ Address: _____ City/State/Zip: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____ E-mail: _____

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