

## New York Alumnae Chapter – Membership Questionnaire for 2011-2012

(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 Rosemary Metcalf at: 508.410.9410 or [saitreasurer@gmail.com](mailto:saitreasurer@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:

Rosemary Metcalf 28-23 Steinway Street, #2R Astoria, NY 11103

\_\_\_ \$35 NYAC Full Membership (previously known as Active Member)\* \_\_\_ \$15 Friends of NYAC (for people who live outside the NY area)\*

\*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.)

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

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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