



New York City Delta Gamma Alumnae
Chapter Membership Form
2010-2011

Please send this form & your check for the appropriate amount to Melissa Schramm VP Finance
Please email her melissa_schramm@yahoo.com for instructions and mailing information. Checks
may be made payable to NYC Delta Gamma or you may also pay via PayPal at www.nycdg.com

LEVELS OF MEMBERSHIP (The fiscal year runs from July 1, 2010-June 30, 2011.)

\$20 to NYC DG for alumnae 25 years of age and under

\$25 to NYC DG for alumnae 26-35 years of age

\$30 to NYC DG for alumnae 36 years of age and over

\$50 to NYC DG for ANCHOR MATES, who generously co-sponsor our fundraiser, to A Night For Sight, in addition to dues

PERSONAL INFORMATION

Name: _____
First Name Middle Maiden Last Name

Address: _____
Street Apt # City State Zip Code

Do you receive the ANCHORA at this address? (Circle one.) Yes No

Phone Number: _____
Home Work Cell

Email: _____

Occupation: _____ Employer: _____

DELTA GAMMA INFORMATION

Chapter of Initiation: _____ Year of Initiation: _____

School: _____ Year of Graduation: _____

Are you interested in joining a committee? (Check all that apply.)

Programming _____ Charity Auction _____

Collegiate Advising _____ Membership _____

Which types of activities interest you? (Check all that apply.)

Athletic Outings _____ Foundation Events _____ Formal Events _____

Cultural Events _____ Casual Gatherings _____ Other (Please specify) _____

Educational Seminars _____ Daytime Activities _____

Will you graciously offer your home or office and host an event? (Circle one.) Yes No

If yes, what type of event? _____

If you are not yet a 50-year member, please pay \$20.50 to EO separately at www.deltagamma.org