



Registration Form 2018-2019

Name: _____ Chapter of Initiation: _____

Address: *(Please include postal code)* Year of Initiation: _____

Email: _____ Phone Number: _____

Please select your choice of the membership option:

Alumna Membership \$63

First Year on Us Membership \$25

(for recent graduates)

Life Loyal Membership \$45

(for sisters who paid Life Loyal dues to HQ)

Please select your choice(s) of optional donation(s):

Rose Donation *(collegiate chapter support)* \$10

Gold Donation *(Canadian Arthritis Research Foundation)* \$10

Pearl Donation *(Canadian AOII Foundation)* \$10

TOTAL ENCLOSED(dues+donation) \$ _____

Mail a cheque & this form to:

Tronto Area Alumnae Chapter C/O Kristina Hunt

41 Fairleigh Cres. Toronto, ON M6C 3S1

L4J 5G7 Canada

Interac e-transfer:

kristinahunt@rogers.com