

Alpha Chi Omega

Omicron Omicron Membership Form

I want to share the sisterhood and renew my membership to Alpha Chi Omega!

Please complete and return this information to ensure we include your correct information in our directory:

My address has not changed within the last year.

My address has changed. Here is my new information:

First _____ Maiden _____ Last _____

Address _____

City _____ State _____ Zip code _____

Phone _____ (h/w/c) Email address _____

Chapter of initiation _____ Initiation date _____

Please indicate if you have also enclosed payment for our upcoming events and more!

Please indicate (check) any event or membership fees you have enclosed. *Membership dues are requested by Dec. 15, 2009.* Please make checks payable to Omicron Omicron.

Annual Membership

___ Free – first year after graduation

___ \$30 – ages 29 and under

___ \$35 – ages 30 and up

We appreciate your continued support. If you have included an additional donation, please indicate what you would like your generous gift to benefit!

___ A chapter donation to _____ Chapter of \$ _____

___ A donation to the Harriet Holden Scholarship Fund of \$ _____

___ A donation to Alpha Lambda House Corporation of \$ _____

___ Other/Comments: _____ donation of \$ _____

Please mail to:

**Julie Dekker
5055 Holly Lane North, Unit #7
Plymouth, MN 55446**

**Thank you renewing your membership and sisterhood with Omicron Omicron!
We look forward to seeing you at our upcoming events!**