

**LOS ANGELES ALUMNAE PANHELLENIC ASSOCIATION
2017-2018 MEMBERSHIP DUES REQUEST & ROSTER UPDATE**

Please return this form & payment(s) to: Treasurer, Los Angeles Alumnae Panhellenic Association,
P.O. Box 49294, Los Angeles, CA 90049 treasurer@laapa.net

Dues are due the first day of our calendar year - June 1st and payable no later than October 31st, 2017
Groups with a local alumnae association: \$50
Groups without a local alumnae association: \$25
Social membership: \$20 Affiliate Members (non-NPC organizations affiliated with CPH: \$25)

PLEASE MAKE CHECKS PAYABLE TO: LAAPA

SORORITY AFFILIATION: _____

Information is to be used for Roster
Delegate Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Alma Mater: _____

Alternate Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Alma Mater: _____

Meeting notices, information & recommendation requests are distributed primarily via email.
Please let us know if your email address information has changed or needs updating.
Please let us know if you need a copy of the 2016-2017 Roster & Bylaws.

Social Member(s) Information

Please include additional information pages as needed for each social members. Each social member is required to remit \$20 dues.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Alma Mater: _____

Please list any other relevant/important/special member(s) of your affiliation that you would like to have included in the LAAPA directory. Information will be used to make your VIP aware of meetings, events, membership updates, socials and other Panhellenic activities.

VIP Information

Please include additional pages as needed for each VIP member.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Alma Mater _____

If there is a primary contact within your alumnae association we should also be contacting with regards to mailings and meeting notices, please provide us with that information as well. Thank you!

Should you wish to be removed from our mail and email list, please let us know via this form or by email to LAAPA info@laapa.net

REMOVE Request & Information

Name: _____ email _____

Sorority Affiliation: _____

We are now on Facebook – Los Angeles Alumnae Panhellenic Association and Laapa Npc
Twitter - https://twitter.com/NPC_LAAPA and always at www.laapa.net