



Coachella Valley Alumnae Panhellenic Membership Form

We are so glad to have you as part of Panhellenic!

Name _____

Sorority _____ Year of Initiation _____

Maiden Name _____ First Name for Name Badge _____

College/University _____

Email Address _____

Local Street Address _____

City _____ Zip _____

Country Club/Development (If Applicable) _____

Summer Address (IA) _____

Cell Phone _____ Home Phone _____

Month/Day of Birth _____ Spouses's Name (IA) _____

Hobbies/Interests: _____

Working? _____ Name of Firm _____

Retired? _____

We'd love for you to be involved in any of CVAP's programs. Please circle all you might want more info about!

*Scholarships *Publicity/Communications *Fund Development *Events *Books for Children *Toys for Tots *Membership *Programs

*Leadership *Other _____

Send completed form and payment info to: Nancy Ringman, VP Membership - Please call with any questions – 714-721-5799

Email: nadr1821@gmail.com or Snail mail: 180 International Blvd., Rancho Mirage 92270