



Yes! I want to join the SAI Alumnae Association!

Current Name _____ *NH Use: FMS #: _____*

Name as Initiated _____

Current Chapter _____ Initiating Chapter _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please check your preferred contact number.

Address _____

City _____ State _____ Zip _____

E-mail _____

Would you prefer to receive publications in *Electronic* format via email? Yes No

Enclosed is my \$35 payment for my Alumnae Association fee

Check (payable to Sigma Alpha Iota Fraternity [or SAI Fraternity])

Credit Card

Visa MasterCard Discover American Express

Name as it appears on card _____

Card Number _____ Expiration Date _____

Signature _____

Please mail payment & completed form to: **Sigma Alpha Iota National Headquarters**
One Tunnel Road
Asheville, NC 28805

