

Yes! I want to join the SAI Alumnae Association!

| Current Name | NH Use: FMS #: |
|---------------------------------------------------------------------------------------------------------------------|--------------------|
| Name as Initiated | |
| Current Chapter | Initiating Chapter |
| Home Phone | Cell Phone |
| Address | |
| City | State Zip |
| E-mail | |
| Would you prefer to receive PAN PIPES in Electronic format via email? | |
| Enclosed is my \$50 payment for my Alumnae Association fee | |
| ☐ Check (payable to Sigma Alpha Iota Fraternity [or SAI Fraternity]) | |
| ☐ Credit Card | |
| O Visa O MasterCard O Discover Name as it appears on card | · |
| Card Number | Expiration Date |
| Signature | |
| I voluntarily wish to pay an additional \$3 to help defray the processing costs for my credit card transaction. | |
| Please mail payment & completed form to: Sigma Alpha lota National Headquarters One Tunnel Road Asheville, NC 28805 | |