

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Collegiate Chapter: _____

College/University: _____

Initiation Year: _____

Collegians - Please Complete

Are you a graduating senior? _____

Are you a legacy? _____

Current Collegiate Chapter office: _____

Alumnae - Please Complete

Alumnae Chapter: _____

Current Alumnae Chapter office: _____

Current Advisory Board position: _____

Current/Past National office (*please specify*): _____

Are you/Do you have a legacy? _____

ZTA recognitions you have received (*please circle*):

Certificate of Merit Honor Ring White Violet

Collegians and Alumnae - Please Complete

How far are you traveling to attend Zeta Day? _____ miles

Do you request a vegetarian alternative? _____

Registration Fee: Collegians ~ \$25 • Alumnae ~ \$30

Please send a check (payable to **Zeta Tau Alpha**) with your completed registration form to:

Janet King

1822 Sumter Ridge Court - Chesterfield MO 63017

636-537-0986

Registration Deadline is March 31, 2008