

Chapter Registration Form

Today's Date: _____		
Contact Person Personal Information:		
Legal Name (Last, First, Middle):		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Email:
Cell Phone:	Date of Birth:	Are you a Clarian volunteer?
What kind of chapter are you forming? (check the appropriate box)		
<input type="radio"/> Tri Kappa <input type="radio"/> Philanthropic <input type="radio"/> Corporate	<input type="radio"/> Church <input type="radio"/> Family	
Tell us what kind of annual commitment you are interested in (check the appropriate box)		
<input type="radio"/> Toy Drives <input type="radio"/> Making handmade items <input type="radio"/> Additional financial donations <input type="radio"/> Sponsorship of a Cheer Guild program	<input type="radio"/> Fundraising <input type="radio"/> Marketing and recruitment <input type="radio"/> Volunteering in the hospital	
Names of Individuals within your chapter:		
Did you enclose your annual \$15 dues?		
If you choose to enclose further financial support at this time, please designate your contribution by checking the appropriate box below:		
<input type="radio"/> Endowment fund <input type="radio"/> Toy Room	<input type="radio"/> Hospital special request fund <input type="radio"/> Area of greatest need	