



Central Florida Alumni Chapter of Sigma Chi



2010 Membership Survey

Your contact information - please complete the following:

First Name: _____ Middle Initial: _____ Last Name: _____

School: _____ Chapter: _____ Year of Grad: _____

Street: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ (Cell, Office, or Home - circle one)

Preferred E-mail Address: _____

**If you are not receiving e-mails from CFAC, please check your SPAM folder and/or security settings and add OrlandoSigmaChi@gmail.com to your approved "senders list"*

Central Florida Alumni Chapter 2010 Membership Dues

Yes, I will renew my commitment to CFAC & Sigma Chi

_____ \$35 Annual Dues

Please make checks payable to "CFAC" and mail along with this membership survey to:

P.O. Box 568507 Orlando, Florida 32856-8507

Alumni Chapter Committees & Events

I am interested in serving on one or more of the following committees:

- _____ Publicity/Communication
- _____ Membership
- _____ CFAC Undergraduate Mentoring Program
- _____ Alumni Undergraduate Liaison

I am interested in participating in one or more of the following events:

- _____ After work Happy Hours
- _____ Quarterly Casual Lunches
- _____ Undergraduate Chapter, Ritual & Initiation
- _____ Orlando Magic Basketball Game

Prospective CFAC Members

With over 1,500 Sigma Chi's living in Central Florida, our growth potential is immense. With your help we want to increase our membership building upon our strong base of Alumni leaders to help give back to the community, contribute to the undergraduate chapters and provide brotherhood for the Alumni of Central Florida. Please help by providing the names of three Sigma Chi Alumni.

Name: _____ E-mail: _____ Phone: _____

Name: _____ E-mail: _____ Phone: _____

Name: _____ E-mail: _____ Phone: _____

Children's Miracle Network

I have enclosed a separate contribution to aid our Fraternity Charity, The Children's Miracle Network:

_____ \$25.00 _____ \$50.00 _____ \$100.00 _____ Other (Specify amount \$ _____)