FREDERICKSBURG ZTA ALUMNAE

2025 - 2026 Membership Form

Legal First Name: _____ Last Name: _____
Preferred First Name: _____ Maiden Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____
What are the best ways to reach/contact you?
___ Email ___ Mail ___ Home Phone ___ Cell Phone ___Text ___ Facebook ___ Instagram
Date of Birth: _____/_____/_____ Initiation Year: _____ College Graduation Year: _____
ZTA Chapter & College: _____
Occupation & Employer: _____
Spouse/Partner's Name: _____
Children's Names & Ages: _____
Food Allergies/Intolerances: _____
Hobbies/Interests/Volunteer Work: _____
Do you belong to any other ZTA Alumnae Chapters? _____

Annual Chapter Dues

Membership Type		Qualifications	$ Dues Amount $	
			Check	Online
❒	Link	Recent College Graduates (Graduated college in 2025)	$25	$28
❒	White Violet	ZTAs initiated for 50+ years (Initiated 1898 – 1975)	$30	$33
❒	Alumna	ZTA Alumna	$45	$48
❒	Virtual	Alumnae who want to support the chapter but are unable to attend in-person events	$25	$28

*For Online payments, there is a $3 processing fee

Voluntary Donation Program

Donations go to the ZTA Foundation to help us reach our $300 donation per year

Donation Type		Notes	$ Donation Amount $
❒	Crest	Contributions to the ZTAF in addition to dues	Dues + Other Contribution
❒	Foundation	I plan to donate directly to the ZTAF – EC will email you the direct link to the Chapter Link	Direct ZTAF Donation

Total Amount Enclosed **$ _____**

Payment Options:

Online Payment: See website for Pay Dues Here Payment Button
Checks: Please make checks payable to: **Fredericksburg ZTA Alumnae**
Mail forms and checks to: Laura Basil - Please email fredericksburg.zta@gmail.com for her address

Thank you! We look forward to seeing you soon.

ZETA TAU ALPHA
Seek the Noblest

http://fredericksburg.zetataualpha.org/

FREDERICKSBURG ZTA ALUMNAE

Photos and Publicity Release

As not everyone is comfortable with their photo being on social media or being the center of well-deserved praise, we want to better understand your preferences. You can always change your mind, and we can always discuss individual situations.

We endeavor not to use names in our public social media posts to protect personally identifiable information (PII), but if we do it is first name only. You always have the choice of how/if you want to interact with a social media post (e.g., like, comment).

1. Are you willing to be included in **photos** that are posted on our **public** facing webpage, social media pages (Facebook, Instagram), and/or included in our monthly newsletter? (Choose **ALL** that apply)

   □ Yes – Public website/webpages
   - □ Individual Photos (You Only)
   - □ Group Photos (two or more people)

   □ Yes – Public Facebook and Instagram pages
   - □ Individual Photos (You Only)
   - □ Group Photos (two or more people)

   □ Yes – Newsletter
   - □ Individual Photos (You Only)
   - □ Group Photos (two or more people)

   □ Maybe - EC please reach out to discuss

   □ Not at this time

2. Are you willing to be included in **photos** that are posted on our **closed, internal** Facebook Group - this shares photos and info only among those ZTAs that are Members of the Group? (Choose **ALL** that apply)

   □ Yes – Closed Facebook Group
   - □ Individual Photos (You Only)
   - □ Group Photos (two or more people)

   □ Maybe – EC please reach out to discuss

   □ Not at this time

   □ I'm not a member of the Closed Facebook Group – How do I join?

3. Are you willing to be included in **Newsletter profiles, articles, shoutouts**? These might include Sister Spotlights, highlights of ZTA accomplishments, your career, hobbies, or community activities. Note: Birthday shoutouts will continue to only be first name (and last initial if needed).

   □ Yes

   □ Maybe, let's discuss

   □ Not at this time

_____

Initial Here Date

FREDERICKSBURG ZTA ALUMNAE

Membership Roster Agreement

What information are you willing to have included in the Chapter Membership Phone Roster that is emailed to all paid members?

□ Mailing Address

□ Email Address

□ Phone Number

□ Collegiate Chapter and College/University

□ Birthday (Month and Day only)

□ Other Alumnae Chapters You Belong To

_____

Initial Here Date