



Silhouettes of San Antonio

Membership Application

A Silhouette member is a wife or widow of a financial Kappa Alpha Psi Fraternity, Inc. member

Applicant Information

Name:		<input type="checkbox"/> Widow
Current Address:		
City:	State:	Zip:
Email:		
Phone Number: ()		
Would you like to include your email and phone number in our members only handbook? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Do you have Facebook? <input type="checkbox"/> Y or <input type="checkbox"/> N If Yes, add to SAACS Closed FB? <input type="checkbox"/> Y or <input type="checkbox"/> N		
If Yes, what is Facebook "name"/listing as:		
Date of Birth (mm/dd):	Date of Wedding Anniversary (mm/dd):	

Spouse Information (must be a current financial Kappa Alpha Psi Fraternity, Inc. member)

Name:	
Date of birth (mm/dd):	Phone: ()

Children (ages)

Name	Name
Name	Name
Name	Name

Areas of interest (list skills or hobbies)

Do you currently volunteer or are associated with any non-profit organization? If yes, please name or describe:

What is your preferred method of communication (please mark all that apply)? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Social Media (Facebook) <input type="checkbox"/> Phone Call

Current Annual Membership Dues as of current year: \$65.00 (includes membership fees for National \$30, Province \$20 and Local level \$15). Membership year is from September 1 through August 31. Deadline is mailed/postmarked no later than October 31, after that date \$6 late fee added (does not apply to new members). Checks payable to SAAC Silhouettes.

Signature:	Date:
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