



## *Prospective Member Application*

Name: \_\_\_\_\_  
Title (Mrs., Ms., Dr., etc.)

Spouse's Name: \_\_\_\_\_  
(Please denote if "Partner" or "Significant Other") Title (Mr., Dr., etc.)

Address: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Joint Mailing Label: \_\_\_\_\_  
(This will be for joint invitation mailings only)

Chapman Affiliation(s): \_\_\_\_\_ Birthday: \_\_\_\_\_  
(alumna, current/former parent/grandparent, board member, staff, etc.) (Month/date) ☐ Yes, include in the roster

Organizations & Affiliations: \_\_\_\_\_

First Sponsor: \_\_\_\_\_

Second Sponsor: \_\_\_\_\_

Level of desired participation in the Women of Chapman:

Active Member: \$300.00 yearly \_\_\_\_\_

Couture Member (inactive): \$500.00 yearly \_\_\_\_\_

Haute Couture Member (lifetime member): \$2,000.00 \_\_\_\_\_

Make check payable to: *Women of Chapman/Chapman University*

Please Charge \$: \_\_\_\_\_ to my ☐ AmEx ☐ Discover ☐ MasterCard ☐ Visa

Name as it appears on card : \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
(3 or 4 digit code on card – required for credit card)

Billing Address (if different from above): \_\_\_\_\_

Signature : \_\_\_\_\_

Please return to: WomenofChapman@chapman.edu  
Chapman University  
One University Drive  
Orange, CA 92866

If you have any questions, please call 714-744-7608.

*Your contribution to Women of Chapman is 100% tax deductible.*