

Legacy Club Form

Each Legacy MUST complete a form by **Sunday, March 16, 2025.**

Please Click This Link to Submit ONLINE
<https://forms.gle/5y1jUvrZ8VuquMQn9>

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail address: _____

Home phone #: _____

Cell phone #: _____

Year of Initiation: _____

Chapter of Initiation School & Location: _____

(as applicable)

Current Chapter & Location: _____

Legacy Relationship: _____

Legacy Name: _____

Year of Initiation: _____

Chapter of Initiation School & Location: _____

(as applicable)

Current Chapter & Location: _____

Please Check ALL that Apply

☐ Registered for the conference

☐ Life Member

☐ Golden Life Member

☐ Platinum Life Member

☐ Diamond Life Member

☐ Zeta Crystal Dove (#years _____)

Email of the completed forms to:

[Dr. Bernadette Harrell](#)

[Great Lakes Region](#)

[Legacy Club Coordinator](#)

glrlegacycoordinator26@gmail.com

