



**Central Florida Alumnae Chapter of
Zeta Tau Alpha Fraternity**

Zeta is Forever

2025-2026 Membership Form

Name: _____

Maiden Name: _____

Address: _____

Email: _____

Phone: _____ **Birthdate:** _____

College/University: _____

Chapter Name: _____

Mail completed form and \$40 check payable to "Central Florida ZTA" to:

**Kathy Timcho
1220 Fieldbrook Way
The Villages, FL 32163-2227**

Email: kats3009@gmail.com

Please add any comments or suggestions for our upcoming year and let us know if you are interested in planning, organizing, or hosting an event:

