



MEMBERSHIP APPLICATION

Fem name _____ SO name _____

Mailing name _____ Telephone _____

Mailing address _____ E-mail address (optional) _____

_____ Family member _____

E-mail address _____ E-mail address (optional) _____

Telephone _____ Family member _____

Ask for _____ E-mail address (optional) _____

Single: 2 years - \$72 _____ 1 year - \$40 _____

Couple/Family: 2 years - \$108 _____ 1 year - \$60 _____

Donation to Chi Chapter: Platinum \$100 __ Gold \$50 __ Silver \$25 __ Bronze \$10 __ _____

Total enclosed: \$ _____

Make check or money order in US funds payable to "Chi Chapter"

Mail to Chi Chapter PO Box 303 Wood Dale IL 60191

If you have any questions call: 708-383-1677 & leave a message.

Check your monthly Chi Chapter Newsletter option: E-mail __ Post __

Date: _____ **Signature:** _____