

# CHICAGO HYDE PARK VILLAGE



5500 S. Woodlawn Ave. ■ Chicago, IL 60637 ■ Tel. 773-363-1933 ■ www.chpv.org ■ email: info@chpv.org

## CHPV Membership and Interest Form

Date: \_\_\_\_\_

### **Membership Category:**

**Associate:** Individual

Household

**Full Service:** Individual

Household

### **Payment (make checks payable to CHPV):**

\$100 one payment       Renewal

\$120 (if 2, 3 or 4 payments)

\$180       Renewal

\$480

\$590

I wish to make a donation in the amount of \$ \_\_\_\_\_  
(CHPV is 501(c)3 nonprofit; donations are deductible as provided by law)

**Total enclosed:** \$ \_\_\_\_\_

### **Other Interests:**

I am interest in volunteering  Indicate any special skills or interests: \_\_\_\_\_

I am interested in working with the following committees (Please circle):

Programs

Partnerships

Membership

Volunteers

Development

Fundraising Events

MEMBER 1: \_\_\_\_\_

(Last, First, Middle or MI. Please include suffix if applicable)

ADDRESS \_\_\_\_\_ Zipcode: \_\_\_\_\_

Please circle preferred method for contacting you.

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month, Day and Year)

MEMBER 2: \_\_\_\_\_

(Last, First, Middle or MI. Please include suffix if applicable)

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month, Day and Year)

Signature \_\_\_\_\_