

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 _____