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## Membership Application

Skyline Village Chicago is a collaborative nonprofit organization created and run by neighbors for neighbors to support one another and to enhance our quality of life in the communities we know and love: Streeterville, the Gold Coast, River North, the New Eastside and Chicago Loop. (please print)

### Person 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Select: Working \_\_\_\_\_ Semi-Retired \_\_\_\_\_ Retired \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Person 2 *(for household members only)*

Relationship to Person 1: Spouse/Partner \_\_\_\_\_ Adult Child \_\_\_\_\_ Parent \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Select: Working \_\_\_\_\_ Semi-Retired \_\_\_\_\_ Retired \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please turn over →→→→



Membership Application

Would you like to be more involved? Please let us know which committee(s) you would like to join.

Fundraising	___	Volunteer Development	___
Legal	___	Community Partners Liaison	___
Membership	___	Web Site & IT Management	___
Marketing	___	Event & Activity Planning	___

Skills, interests and talents you would like us to know about (add a sheet to tell us more!)

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Membership options:

Individual \$75.00\_\_\_ Household (2 persons) \$100.00\_\_\_

Mail this form with your check made payable to 'Skyline Village Chicago'  
 Skyline Village Chicago  
 P.O. Box 81334  
 Chicago, IL 60681

Questions? Call or write: 312-957-0606  
info@skylinevillagechicago.org

In consideration of becoming a member of the Village, I, the undersigned, agree to abide by the membership rules and conditions set forth from time to time by the Board of Directors. I also agree to release and hold the Village harmless from: (1) any loss, expense, and liability that I may incur as a result of my participation as a member of the organization; or (2) any loss, expense, and liability that arises against the organization as a result of my actions as a member.

\_\_\_\_\_  
Member name (print)

\_\_\_\_\_  
Member signature

\_\_\_\_\_  
Date