

NORTH SUBURBAN



Membership Application

Name: _____

Home address: Street: _____

City: _____ Zip code: _____ Telephone: _____

Email: _____ Fax: _____ Cell phone: _____

Business address: Company name: _____

Street: _____ City: _____ Zip code: _____

Telephone: _____ Occupation: _____

Name of your spouse: _____

Names of your children: _____

What are your hobbies? _____

What is your experience in community service, fundraising, sports and youth-serving activities that could help our Foundation? _____

Please list any projects or programs that you would like for us to consider? _____

Signature: _____ Date: _____

Please attach a check for \$25, payable to the North Suburban Youth Foundation, to cover processing.

P.O. BOX 524 * WILMETTE, IL 60091
