

www.palatinesistercities.org

MEMBERSHIP APPLICATION

| Date | New member | _ Renewing member |
|---|---|--|
| Names(s) | | |
| Annual Dues: Individual - \$15 | Family - \$25 | Corporate - \$100 |
| • | payable to: SISTER CITIEser, PO Box 727, Palatine, I | S ASSOCIATION OF PALATINE L 60078 |
| Your contribution is tax deductible u corporate programs. | nder IRS code 501(c)(3) and m | nay be eligible for a company match through |
| current year will apply to the n | ext calendar year. Impor ent each year. Please ret | e on or after November 1 st of the tant notes: This application form is urn this form and payment by the end |
| Our membership directory is for published in the directory. Add | | olease circle any info you do not want one: Email |
| Address: | | |
| City | State ZIF | |
| Best Phone Number To Reacl | n You | |
| Best Email Address To Reach | You | |
| the first Saturday in May to volunteer for two shift | through the last Saturdays each summer, most peo | raiser) at the Farmers' Market starts y of October. Members are requested ople volunteer one shift on different tion of date and shift will be sent to |
| Questions about volunteering | ? contact: farmersmarket@ | palatinesistercities.org |

Thank you for your membership!