



oak park area lesbian & gay association

MEMBERSHIP FORM

DATE: _____

NAME(S) _____

DATE(S) OF BIRTH _____ *WE REQUEST THIS TO SEND BIRTHDAY GREETINGS TO ALL MEMBERS*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS(S) _____

PHONE _____

ENROLLMENT TYPE

- \$30 Individual Membership
 - \$50 Family • Organization
 - \$20 Senior • Student
 - \$100 Donor Level
 - \$250 Patron Level
- I (we) wish to be listed in the OPALGA Membership Directory. (Name & email address are required).

VOLUNTEER INTERESTS

Please select events and activities you might be interested in volunteering for:

- OPALGA Gala
- Potlucks
- Events
- Service Work
- Other (please list your ideas)
- Membership
- Activism
- Website & Social Media

PAYMENT INFORMATION

IF YOUR EMPLOYER HAS A MATCHING PROGRAM, PLEASE INCLUDE THE FORM IN THE MAIL. OPALGA IS A 501(C)(3) TAX-EXEMPT, NON-PROFIT ORGANIZATION

CHECK (payable to OPALGA)

CREDIT CARD VISA MASTERCARD

NAME ON CARD _____

CARD NUMBER _____ EXP. DATE _____ 3-DIGIT SEC. CODE _____

SIGNATURE _____

MAIL THIS FORM AND PAYMENT TO:

OPALGA
P.O. BOX 1460
OAK PARK, IL 60304