



oak park area lesbian & gay association+

MEMBERSHIP FORM

DATE: _____

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS(S) _____

PHONE _____ DATE(S) OF BIRTH _____

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
- Other (please list your ideas)
- Membership
- Website & Social Media
- Service Work

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
- AMEX
- DISCOVER

NAME ON CARD _____

CARD NUMBER _____

EXP DATE _____ 3-DIGIT SECURITY CODE _____

SIGNATURE _____

MAIL THIS FORM AND PAYMENT TO:

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