



MEMBERSHIP FORM

NAMES(S) _____

EMAIL(S) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

DATE(S) OF BIRTH _____

PHONE _____ TODAY'S DATE: _____

ENROLLMENT TYPE

- \$30 Individual
- \$50 Family/Organization
- \$20 Full-time student
- \$100 Donor (Individual/Family)
- \$250 Patron (Individual/Family)

ARE YOU PLANNING ON ATTENDING THE ANNUAL MEETING IN PERSON ON JANUARY 22, 2023? _____

VOLUNTEER INTERESTS

- ACTIVISM
- HOSTING A POTLUCK
- SCHOLARSHIP REVIEW
- SCHOLARSHIP GALA
- SOCIAL EVENTS
- VOLUNTEERING

ANY OTHER NOTES FOR THE BOARD? _____

MAIL A CHECK PAYABLE TO OPALGA+ TO:

**OPALGA+
P.O. Box 1460
Oak Park, IL 60304**