



MEMBERSHIP FORM

NAME(S) _____

EMAIL(S) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

DATE(S) OF BIRTH _____

PHONE _____ TODAY'S DATE: _____

ENROLLMENT TYPE:

\$30 Individual \$50 Couple / Family \$20 Full-time student

\$100 Donor (Individual/Family) \$250 Patron (Individual/Family)

HOW MANY PEOPLE ARE ATTENDING THE ANNUAL MEETING AND BRUNCH ON SUNDAY, JANUARY 21, 2024 AT 11AM? _____

VOLUNTEER INTERESTS

- ACTIVISM
- HOSTING A POTLUCK
- SCHOLARSHIP APPLICATION REVIEW
- SCHOLARSHIP GALA PREPARATIONS
- SOCIAL EVENTS PLANNING
- VOLUNTEERING

ANY OTHER NOTES FOR THE BOARD? _____

MAIL A CHECK PAYABLE TO OPALGA+ TO:

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