

**Illinois Friends for St. Coletta – Wisconsin  
Membership Form  
January – December 2020**

Date: \_\_\_/\_\_\_/\_\_\_

Renewal

New

Corrections/Changes

**Membership: \$25 (single or joint)**

**(Please return this form with check payable to Illinois Friends for St. Coletta - WI .**

**Mail to Illinois Friends for St. Coletta – WI, c/o Gail Schaefer, 1542 Shire Circle, Inverness, IL 60067.)**

First Name/s \_\_\_\_\_ Last Name/s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

May we include your information in our Illinois Friends Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Employment/Type of Business \_\_\_\_\_

**Activity/ Committee/ Interest:** (Golf Outing, Day at the Races, Summer Picnic, Refreshments/hospitality at a meeting, Legislation, etc. or a special talent you might offer )

Questions/comments/suggestions \_\_\_\_\_

**FAMILY OR FRIEND AT ST. COLETTA**

Name \_\_\_\_\_ Residence \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

May we include your St. Coletta resident in the published Birthday List. (Resident will also receive a birthday card.) Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE SEND INFORMATION ABOUT ST. COLETTA / ILLINOIS FRIENDS TO:**

Name \_\_\_\_\_ Sibling \_\_\_ Family \_\_\_ Friend \_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Sibling \_\_\_ Family \_\_\_ Friend \_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_