

**Illinois Friends for St. Coletta – WI/IL**  
**Membership Form**  
**January – December 2017**

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 / IL, c/o Gail Schaefer, 1542 Shire Circle, Inverness, IL  
60067

Name \_\_\_\_\_

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

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

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

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

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

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

**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 ILLINOIS FRIENDS FOR ST. COLETTA – WI/IL TO:**

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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