

**Illinois Friends for St. Coletta – Wisconsin
Membership Form
January – December 2018**

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.)**

Name _____

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 _____