

**Membership Enrollment**

**Help us to continue to support:**

* The Community
* Performing arts
* Polish Culture & Other Ethnic Events
* [Numerous community nonprofits](http://copernicuscenter.org/organizations-we-sponsor/)

**Please return this form by email, fax, or mail:**

E-mail: specialevents@copernicuscenter.org

Fax: 773-313-9147

Address: Copernicus Foundation, Attn: Membership,

5216 W Lawrence Ave, Chicago, IL 60630

**Use the TAB KEY to move or Click inside response area**

**Name/Business** Click here to enter text. **E-mail:** Click here to enter text.

**Address** (Also include “Attn: dept name” If Business Membership): Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text.

**Best Phone** Click here to enter text. **Best time to call** Click here to enter text. **Mobile #** Click here to enter text.

**Date:** Click here to enter text.

**Membership Level: please enter an “X” next membership level choice on the left**

**Standard -**$25 Click here to enter text. **Member Since Year** Click here to enter text.

**Family** - $50 Click here to enter text. **Member Since Year** Click here to enter text.

**Executive -** $250 Click here to enter text. **Member Since Year** Click here to enter text.

 **Contact name**: Click here to enter text.

**Lifetime -** $3,000 Click here to enter text. **Other household** w/ Lifetime membership Click here to enter text.

**GIFT MEMBERSHIP: Is this a posthumous gift?** Yes or No

**Name & Address of person to be notified of your gift:** Click here to enter text.

**Donation:**

*I do not wish to be a member at this time, but please accept my donation of* $Click here to enter text.

**Payment**

**Check**: To “**Copernicus Foundation”: Check #** Click here to enter text. **Total Amount** Click here to enter text.

**Credit Card:** **Our office will call after you submit this form to acquire your credit card information.**

***For Office Use Only***

Recvd: \_\_\_\_\_\_\_\_\_\_\_\_ Renewal Date: \_\_\_\_\_\_\_\_\_\_\_ Master Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_