



Membership Enrollment form

MEMBERSHIP LEVELS

Standard Membership: \$25

- Newsletter, with information about events, "Member Alerts" for ticket discounts.
- Voting privileges at the Annual Meeting
- Two complimentary tickets to the Taste of Polonia Festival (\$20 value) *

Family Membership: \$50

- Special discounts to selected activities at the Copernicus Center (value varies)
- Newsletter, with information about events, "Member Alerts" for ticket discounts
- Voting privileges at the Annual Meeting
- Four complimentary tickets to the Taste of Polonia Festival (\$40 value) *

Executive Membership: \$250

- Special discounts to selected activities at the Copernicus Center (value varies)
- Newsletter, with information about events, "Member Alerts" for ticket discounts
- Voting privileges at the Annual Meeting
- Invitations to special VIP events
- Six complimentary tickets to the Taste of Polonia Festival (\$60 value) *

Lifetime Membership: \$3,000

- Special discounts to selected activities at the Copernicus Center (value varies)
- Newsletter, with information about events, "Member Alerts" for ticket discounts
- Voting privileges at the Annual Meeting
- Invitations to special VIP events
- Four complimentary tickets to the Taste of Polonia Festival (\$40 value) *

Note: Newsletters and Alerts are sent via email. Please update us if your email changes.

Facebook: Keep up with weekly news on our Copernicus Center Facebook Page

** This is contingent on the festival proceeding as planned*

Help us to continue to support:

- ◆ The Community
- ◆ Performing arts
- ◆ Polish Culture & Other Ethnic Events
- ◆ Numerous community nonprofits

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

E-mail: info@CopernicusCenter.org

Fax: 773-313-3893

Address: Copernicus Foundation, Attn: Membership,
5216 W Lawrence Ave, Chicago, IL 60630

Name/Business: _____ E-mail: _____

Contact name: _____ DOB (optional) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ Date: _____

MEMBERSHIP LEVEL NEW RENEWAL

Standard \$25 Family \$50 Executive \$250 Lifetime \$3,000

GIFT MEMBERSHIP: Is this a posthumous gift? Y N / Name & Address of person to be notified of your gift.

DONATION

I do not wish to be a member at this time, but please accept my donation of \$

PAYMENT OPTIONS

Make Check to: Copernicus Foundation. Check # _____ Total Amount _____

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

Permission to contact you regarding Copernicus Center and Copernicus Foundation via text and/or email

For Office Use Only

Date Received: _____ Renewal Date: _____ Entered in Master on: _____

Credit Card #: _____    Exp. Date: _____