Imperial Windy City Court of the Prairie State Empire

Membership Application

(Membership Fee $25.00)

☐ **Okay to publish application information**

Name: _____

Also Known As: _____

Titles: _____ (If more space is needed use the back of this form.)

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

Hobbies or Interest: _____ (If more space is needed use the back of this form.)

Occupation: _____

Birthday: _____ Year is optional

E-mail: _____

T-Shirt Size: _____

Today' s Date: _____

Membership Recorded: _____ (Office use only)

☐ **Membership Fee enclosed, Received by _____ Date _____**

***This form will route to Secretary of the Board of Directors, copies to Treasurer and Membership Committee Chair. Sent to: P. O. Box 804545, Chicago, IL 60680**

Name Badge (Additional $10.00 Cost, Payable Upon Ordering)
Enter text as it should appear on badge. A space counts as a character

LINE 1: _

LINE 2: _

LINE 3: _

☐ **Badge Fee Received by _____ Date_____**