

PO Box 46129 Chicago, Illinois 60646 t: (847) 673-2013 f: (847) 674-7366 indianasocietyofchicago.org

New Membership Application



ELIGIBILITY: Birth, education, present or former residence, title to land in the State of Indiana, or the child/relative of a present or deceased member.

Name:	Title	First		Middle			Last	
Title or Profe	ession:							
Home Address:								
City:				State:			_Zip:	
Home Phone	: <u> </u>		_Mol	oile Phone:				
Fax:			_					
Email:								
Business Na	me:							
Business Address:								
City:				State:			_Zip:	
Business Pho	one:		_Bus	iness Fax:_				
Business Email:								
Preferred ad	dress for roster and mail	purposes:	O	Home	•	Business		
Birthplace (only if in Indiana):								
I accept your invitation to membership in the Indiana Society of Chicago Foundation, Inc. I shall foster the interests of the organization and attend the Annual Dinners of the Society whenever possible.								
Signature:				Date:				

New Membership Fee: \$135 covers the Initiation Fee (\$60) plus the current year's annual dues (\$75).

Mail Payment

Make checks payable to Indiana Society of Chicago Foundation (ISOC Foundation)

