



MEMBERSHIP FORM

Organization/School: _____

Contact Person: _____

Mailing Address: _____

Member Names/Titles, Phone #, & E-mail Address:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

**Please make checks out to:
Lake County After School Coalition/Nicasa**

**Please mail to Gurnee Park District,
c/o Susie Kuruvilla – LCASC Treasurer
4374 Old Grand Avenue, Gurnee, IL 60031
847-623-7788 (Ph), 847-623-8121 (Fax)**

Dues: *Individual - \$25* or *Organization (up to 6 members) - \$100*

FOR USE BY EXECUTIVE BOARD

Date received: _____ Dues received: Yes No
Date membership active: _____ Amount received: _____
Date membership expires: _____ Verified by: _____