

Nineteenth Century Charitable Association

Membership Form

YES! I want to support the **Nineteenth Century** by becoming a Member at the following level:

- \$195 annual Individual Membership
- \$340 annual Household Membership (two people of the same household)
- \$4,000 Lifetime Membership
- I need information about an annual membership dues waiver (all waivers are confidential)

Name: _____

If Household Membership, please fill out an additional form for the second member.

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Please provide emergency contact information: (Name, phone number, relationship):

Do not put my contact information in the printed Membership Directory

Optional Personal Information:

Contact (Badge) Name if different than above: _____

Birth Month/Day: _____ Prefer not to say

Interests _____

Have you attended our programs or know other Members? _____

Demographic Information:

Age Group: under 35 35-54 55-70 71-80 over 80 Prefer not to say

Gender Identity: F M Prefer not to say

Race/Ethnicity: African-American Arab American Asian American/Pacific Islander

European American/Caucasian Latino/Latina American Native American/Alaskan

Multicultural Prefer not to say

Diversity Statement: The Nineteenth Century values diversity of our members with regards to gender, race, creed, age, sexual orientation, national origin, or ability. Anyone who wants to support the mission of The Nineteenth Century is encouraged to join, regardless of income. For more information, please contact Jeanne Schultz-Angel, Executive Director, at 708-386-2729.

OFFICE USE ONLY:

Method of Payment: Cash Check Credit Card

Date: _____ Notes: _____ Entered: _____