



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 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 Charitable Association values diversity of our members with regards to gener, race, creed, age, sexual orientation, national origin, or ability. Anyone who wants to support our mission is encouraged to join, regardless of income.

For more information, please contact Erin Payton, Executive Director, at 708-386-2729.

OFFICE USE ONLY:

Method of Payment: Cash Check _____ Credit Card
Date: _____ Notes: _____ Entered by: _____