

MEMBERSHIP REGISTRATION FORM

Friends of the Shapiro Developmental Center

Contributions are Tax Deductible

Mail to Friends of Shapiro c/o Doug Ruth, 124 Gum Street, New Lenox, IL 60451

If you are a current life member, please only return the form if there are changes in your contact information.

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

I prefer (circle one) to communicate: E-mail USPS

(If email, please send Joan Janzon an email at jjanzon@att.net to be added to our email contact list)

Name of Resident: _____ Unit #: _____

Relationship: _____

I would be willing to volunteer: Yes Special Events No thanks

Membership Categories (check one)

- | | |
|--|------------------|
| <input type="checkbox"/> Individual/Spouse | \$20 |
| <input type="checkbox"/> New Life Member | \$250 |
| <input type="checkbox"/> Patron | \$251-\$499 |
| <input type="checkbox"/> Associate | \$500-\$999 |
| <input type="checkbox"/> Fellow | \$1,000-\$4,999 |
| <input type="checkbox"/> Benefactor | \$5,000 or above |

**Friends of the Shapiro
Developmental Center**

Membership Card

July 2023/2024