

# Ethiopian Community Association of Chicago Inc.

4750 N. Sheridan Rd. Suite 249 • Chicago, IL 60640 • (773) 728-0303 • Fax (773) 728-0571 website: ECACHicago.org

## MEMBERSHIP APPLICATION FORM

First Name:  Last Name:

Mailing Address:

City:  State  Zip Code

Phone:  Fax:  Email:

**TYPE OF MEMBERSHIP**  New Memeber  Renewing Memeber

### MEMBERSHIP DUES

Regular Memeber \$60/year

Senior Memeber (Over 65 years) \$25/year

Student Memeber (full time student) \$25/year

Youth Memeber (up to age 20) \$10/year

### PAYMENT METHOD

Check ( payable to ECAC,in US dollars ) Check #

Cash

American Express

Visa

MasterCard

Credit Card Number:

Exp Date:

Signature:

Date:

### ONLY FOR OFFICE USE

Received by:

Signature:

Date:

Member Number: