



MEMBERSHIP FORM 2010 - 2011

Organization/Family: _____

Contact Person: _____

Mailing Address: _____

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

1) _____

2) _____

3) _____

4) _____

I give permission for my name to be published as a coalition member.

**Please make checks out to:
BADPC/Barrington Youth and Family Services**

Dues: *Individual - \$25*, *Government/Non-Profit Organizations - \$50*
 Business - \$100 *Leadership Circle - \$250*

**Please mail to Barrington Village Hall/BADPC
c/o Leslie Luther Jeschke
200 S. Hough Street
Barrington, IL 60010**

FOR USE BY EXECUTIVE BOARD

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