



Membership Application

First/Last Name: _____

Your Month/Day of Birth: _____

Spouse First/Last Name: _____

Children's Name(s)	Month/Year of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I am able to receive event information and club newsletters via email: Yes No

I would like to be added to the "Helping Hands" list: Yes No

Our Helping Hands program offers meals or other forms of assistance (grocery shopping, babysitting, prescription pick-up, transportation, etc if needed) that may be needed if there is a birth, illness, or death in your family. Participants are eligible for 5 meals during the time of need, and in exchange, offer their help when other members are in need.

I am interested in volunteering to plan social events or hold a club board position: Yes No

Signature: _____

(1) To indemnify and hold Ela Area Neighbors Club harmless for any claim of responsibility, injury, or damages for any act or event causing or allegedly causing injury to myself or my family. (2) Photographs of events will be taken and may be posted on our Club website, newsletter, press releases or publicity. The participants acknowledge and agree to permit their likeness to be so taken and displayed.

Please make your \$30.00 check payable to Ela Area Neighbors and mail it to:

Shannon Vondrak
1226 Eric Lane
Lake Zurich, IL 60047