



2018 MEMBERSHIP FORM

JOIN US!

Please join us in our quest to preserve Carol Stream's heritage.

Membership is open to anyone interested in supporting, preserving and presenting Carol Stream's history and heritage.

NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

Special Interest Group (if any) _____

- I am enclosing my \$10 annual dues
- I am enclosing a "Supporting Member" donation in the amount of \$_____

Please make check payable to: Carol Stream Historical Society

You may mail this to:

Carol Stream Historical/Membership
PO Box 88791
Carol Stream IL 60188

Or call: 630.217.1868



Thank you for your support!

CONNECT WITH US:
carol**stream**historical.com

For CSHS use: Date _____ Pd by: Cash ____ Check # _____



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