

CHICAGO PARK DISTRICT

Advisory Council

Membership Application

Park _____

Name _____
Last First

Address _____
Street City State Zip

Telephone _____

Email: _____

Areas of Interest:

Programs	_____
Fundraising	_____
Facility and grounds	_____
Park Promotion	_____
Other	_____

Date _____

Signature _____

Please submit your membership application to the Park Advisory Council for their records.