



**APPLICATION
FOR MEMBERSHIP
ILLINOIS INDIANS
STATE CLUB OF WIT**



ALL APPLICANTS MUST BE CURRENT MEMBERS OF WIT

NAME _____

SPOUSE/COMPANION _____ WIT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

RESIDENCE PHONE _____ CELL PHONE _____

MEMBER OF WHAT LOCAL CHAPTER _____

ARE YOU WILLING TO VOLUNTEER TO HELP AT STATE OUTINGS AND RALLY? Yes ___ No ___

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

In case of emergency, notify (other than spouse or traveling companion):

Name: _____

Telephone Number: _____

Relationship: _____

Please mail your application along with your check made payable to ILLINOIS INDIANS for \$10 to:

Dennis Olson, Treasurer
Illinois Indians
3907 Barrington Road
Rockford, IL 61107