

**KALO FOUNDATION OF PARK RIDGE  
MEMBERSHIP APPLICATION**

PLEASE PRINT

DATE:

\_\_\_\_\_  
NAME (S)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

EMAIL *RECEIVE YOUR NEWSLETTER BY EMAIL? Y OR N*

**MEMBERSHIP CATEGORIES: CIRCLE**

Individual	\$20	Household	\$30
Senior 60+	\$15	Senior 60+ Household	\$25
Corporate	\$100	Student (14+)	\$10

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Life Individual \$150

Life Household \$200

In addition to my membership, I would like to  
contribute \$ \_\_\_\_\_

**MEMBERSHIP BENEFITS**

- Tax deductible
- Early notifications of lectures and events
- Special pricing on educational programs
- 10% discount on Kalo Merchandise

**Make check payable to Kalo Foundation**

Mail To:  
Kalo Foundation  
255 N Northwest Hwy  
Park Ridge, IL 60068

