

Performing Membership Application

(Please print clearly)

Date _____

Name: _____

Last Name

First Name

Middle Initial

Mailing Address: _____

Street/PO Box

City

State

Zip

Date of Birth: ____/____/____ Male or Female: (circle one) County _____

MM/DD/YY

Previous Member: Yes No Phone: (____) _____ School: _____

(Performer's phone)

Email Address: _____ Grade: _____

(Performer's Email-Include only if it is a reliable way to contact you.)

Primary Guardian (main contact)		Secondary Guardian (or spouse)	
Relationship		Relationship	
Name		Name	
Home Phone ()		Home Phone ()	
Cell Phone ()		Cell Phone ()	
Email		Email	

Membership Options (in addition to Performing Membership) Check all that apply

\$10.00	Sibling Non Performer	Name:	
\$40.00	Contributing Adult Member	Name:	
\$60.00	Contributing Married Couple	Name:	
\$15.00	Alumni	Name:	
Total for Non Performing Memberships			
\$40.00	Performing Member applying above		
-\$ 3.00	If performing member is paid before December 20th.		
Free	Performing member with 2 new paid performing memberships. List 2 new members in box below.		
Total Amount Enclosed		Name 1:	Name 2:

By becoming a member of Illinois Kids/American Kids, Inc., the member gives permission to use any photo, video, or other physical likeness obtained with the organization for purposes of publicity, promotion, etc. with no other compensation to said member.

Credit Card # _____ 3 digit security code on back _____ Exp. Date _____

Exact name as it appears credit card _____ Billing Zip Code _____

Mailing Address if different from above _____

Membership fee of \$30.00 must be included in order to complete the membership process.

Parent or Legal Guardian must sign below to complete the membership process.

I, _____ (print name) give my permission for my child (listed above) to participate in Illinois Kids/American Kids activities and understand that Illinois Kids/American Kids is not responsible for any personal property damage or personal injury to my child during the course of their involvement in any Illinois Kids/American Kids function.

Parent or Guardian Signature: _____

There will be a \$25.00 charge on all returned checks. There will be a \$15.00 reprocessing fee for declined Credit Cards.

Office Use Only: Recvd: _____ Check Amt. _____ Check #/or CC Auth# _____ Deposited _____

PLEASE RETURN TO: Illinois Kids*Attn: Liz Bittner*200 Cobles County Drive*O'Fallon, IL*62269*Phone 618-624-5314*bittnerliz@yahoo.com