



www.aitcoy.org

2014 Membership Information Form

Organization Name: _____
Mailing Address: _____
City & Zip Code: _____
Township & County: _____
Phone: _____
Fax: _____
Website: _____
E-mail: _____

Please indicate a designated representative to AITCOY. You may also indicate an alternate if desired:

_____	_____
Name	Position
_____	_____
Name	Position

Please answer the following questions:

1. I am interested in hosting a quarterly business meeting. Yes No
2. A workshop topic I would like to see presented at a quarterly business meeting would be:

3. Do you have a Committee on Youth? Yes No
4. What types of youth services do you offer?

Please check appropriate membership category:

- Regular Member (associated with a Township) Associate Member (non-voting, not associated with a Township)

Annual Member Dues for 2014: **\$75.00**

Please make check payable to "AITCOY."

Mail check and this form to:

Richard Lyon, LCPC
AITCOY Treasurer
Maine Township
1700 Ballard Rd.
Park Ridge, IL 60068
(847) 297-2510 x 272
rlyon@mainetown.com