

Organized in 1895



Original Illinois Club, Inc.
Office of the President

APPLICATION FOR MEMBERSHIP

Please PRINT or TYPE

1. Applicant's full name: _____
2. Address: _____ City/State/Zip: _____
3. Home telephone# _____ Work#: _____ Cell# _____
4. Email address: _____ Fax # _____
5. Date of Birth: Mo. ____ Day ____ Year ____ Place of Birth: _____
6. Marital Status: _____ Spouse's Name: _____
7. Number in Family ____ Anniversary Date: _____
8. Number of Dependent Children: ____ (if more than 3, list on reverse side of application)

9. Occupation: _____ How long: _____
10. Religious Affiliation (optional): _____ Hobbies: _____
11. Health: () Good () Fair () Excellent
12. List three OIC Members as references:

13. Special Recognitions (professional, educational, civic or community, church, other:

14. List three personal references (non-OIC members):

15. Other club affiliations:

16. State briefly why you would like to become a member of this club:

17. If accepted, do you promise to uphold the Constitution and By-Laws of the Original Illinois Club, Inc.? _____(Yes) _____(No)

Applicant sponsored by OIC member: _____

Application date: _____Signature of Applicant _____

For official use only

\$100.00 application fee attached: __ (Yes) __ (No) Date received: _____

Interviewed by: _____

Membership recommended: _____ Yes _____ No