

For Office Use Only:

Date: _____

Event: _____

Card (Y/N): _____



Affinity membership is free and entitles the cardholder to discounts on selected ticketed events.

Information on individual Affinity members will be held in confidence.

Affinity Community Services Membership Application

GENERAL:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Communications:

How would you prefer that Affinity communicate with you? (Check all that apply)

Phone _____ Fax _____

Mail _____ Email _____

I would like to learn more about: (Check all that apply)

_____ Board Membership _____ XPU _____ Social Justice Committee

_____ Health Committee _____ Lez Chat _____ Youth Leadership Institute

_____ Forty Plus _____ Singles Mingles _____ Development Committee



Skills:

Please let us know about skills or service that you would like to share with Affinity:

- | | |
|--|---|
| <input type="checkbox"/> Financial Analysis / Accounting | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Grantwriting |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Event Planning |

DEMOGRAPHICS (*This information helps us understand who our constituents are, develop programs and services, and make decisions about how to price events. All answers are confidential.*):

Race / Ethnicity: _____

Gender Identification: _____

Age Bracket (Please check one):

- 18 – 24 _____
- 25 – 34 _____
- 35 – 44 _____
- 45 – 54 _____
- 55 – 64 _____
- 65+ _____

Income (Please check one):

- under \$20,000 _____
- \$21,000 - \$34,000 _____
- \$35,000 - \$49,000 _____
- \$50,000 - \$69,000 _____
- \$70,000+ _____

Education Level (Please check one):

- | | |
|------------------------------------|-------------------------|
| Did not complete high school _____ | Bachelor’s degree _____ |
| High school diploma _____ | Masters degree _____ |
| Some college _____ | Beyond masters _____ |

Please return your completed application to:

*Affinity Community Services
5650 S. Woodlawn Ave., Garden Level
Chicago, IL 60637
Office: 312.324.077 Fax: 312.324.0695
Affiinity95@aol.com*

Thank you for becoming a member of Affinity Community Services!