



## Corporate Membership Application

Name of Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**My company would like to participate in the Corporate Membership Program at The Centre of Elgin.**

Signature: \_\_\_\_\_

Please fax (847) 531-7015 or e-mail [Hernandez\\_e@cityofelgin.org](mailto:Hernandez_e@cityofelgin.org) the completed form to Eddy. Once your completed application is received, you will be contacted by staff. If you have any questions or would like more information, please contact Eddy Hernandez at (847) 531-7018.