



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 e-mail Lopez_D@cityofelgin.org the completed form to Dave Lopez. Once your completed application is received, you will be contacted by staff. If you have any questions or would like more information, please contact Dave Lopez at (847) 531-7018.

