



Rainbow Families of Illinois

MEMBERSHIP FORM

Parent Name(s) _____

Address _____

City _____

State _____ Zip Code _____ Phone _____

E-Mail Address for primary contact: _____

Child(ren)

Name 1 _____ Age _____ Birthdate _____

Name 2 _____ Age _____ Birthdate _____

Name 3 _____ Age _____ Birthdate _____

Name 4 _____ Age _____ Birthdate _____

** if more than 4 children, please add information to back of form*

Include my family in the Rainbow Families Directory: yes no

(You must check yes to be included. Only paid members will have access to the secure on-line directory via password).

Would you be interested in participating in the Steering Committee: yes no

Paid RF members can become part of the yahoo group
and be able to communicate with all other members through postings;
Hear about formal and informal social activities; post questions etc.

Membership is \$30 per family. *Additional donations are welcome*

Send form and check made payable to Rainbow Families of IL to:

Rainbow Families of IL

c/o E. Somberg

747 Belleforte Ave. Oak Park, IL 60302