



# Chicago Park District Advisory Council Membership Application

Park \_\_\_\_\_

Supervisor \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Areas of Interest:

Programs \_\_\_\_\_  
Fundraising \_\_\_\_\_  
Facility and grounds \_\_\_\_\_  
Park Promotion \_\_\_\_\_  
Other \_\_\_\_\_

Please use the back of this application to add any additional comments regarding the role that you wish to have as a member of this advisory council. Also, please feel free to comment on your expectations of Park District staff and the advisory council.

Date \_\_\_\_\_

Signature \_\_\_\_\_