

Dear Prospective Member,

On the Reverse of this letter of instructions, please find the Membership Application for the Christ Child Society of South Bend.

Please note the following important information as you complete your form.

Membership Information Section:

- **Is your information the same as last year?** (Upper right corner) If YES, skip to Red Dues Section.
- **How would you prefer to receive newsletters?** Selecting EMAIL is a greener solution that will save Christ Child money. If you travel frequently, please select this option.

Addressee Section: Indicate how you wished to be addressed in mailings and on listings such as In Memoriam and Clothe-a-Child. This is **required** information – please do not miss this section.

Seasonal/Vacation Address Section: Our non-profit bulk rate mailings are not forwarded even if you have completed forwarding instructions with the post office. Christ Child must pay extra for all undeliverable mail.

You *must* provide the address and dates you will be away for the system to choose the proper mailing address. ***Also, you must give your email address to receive the monthly newsletter.***

Skills and Interests Sections: Check the appropriate boxes.

South Bend Chapter Membership Dues & National Dues: Dues have not been raised; however, your dues reflect the National dues and the Local dues. We are required to pay National dues for every member of our Chapter. **(Please choose your level of membership on the form).**

Thank you in advance for becoming a member of the Christ Child Society of South Bend! Your local dues help with the day-to-day operations of The Christ Child Society, as well as, the purchasing of clothing.

**Return the form and your dues payment in the enclosed envelope.**

Sincerely,



Melissa Baltz, Membership/Dues Chair

Office use:

Donor Id:

Amt \_\_\_\_\_ Ck \_\_\_\_\_

Posted: \_\_\_\_\_



# CHRIST CHILD SOCIETY OF SOUTH BEND

WHERE LOVE LEADS TO ACTION

## MEMBERSHIP APPLICATION

MEMBER INFORMATION			
Today's Date:		New Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is your information the same as last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. Other: _____			
Last Name:		Home Phone:	
Full First Name:		Work Phone:	
Address:		Mobile Phone:	
City:		ST:	Zip:
E-Mail:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced		Do you prefer a nickname? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is it?	
Spouse Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, supply spouse info.		Birth date:	
Spouse Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other: _____		Religious Denomination:	
Spouse Last Name:		Church/Parish:	
Spouse First Name:		How would you prefer to receive newsletters? <input type="checkbox"/> US Mail <input type="checkbox"/> Email	
ADDRESSEE Information: Indicate how you wish to be addressed on formal mailings/listings <b>**REQUIRED**</b>			
Member: (Ex: Jane Doe or Mrs. Jane Doe or Mrs. John Doe)		Couple: (Ex: John & Jane Doe or Mr. and Mrs. John Doe)	
SEASONAL/VACATION ADDRESS: Complete this section to insure you receive all mailings.			
Alternate Address:		Dates (Example – 01/15 thru 04/01)	
City:	ST:	Zip:	_____ thru _____
SPECIAL SKILLS: Do you have expertise in any of these areas? Check all that apply.			
Skills On File: Are these the same this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Spanish Speaker	
<input type="checkbox"/> Communications	<input type="checkbox"/> InDesign Software	<input type="checkbox"/> Spreadsheets	
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Marketing	<input type="checkbox"/> Teaching/Tutoring	
<input type="checkbox"/> Fundraising/Development	<input type="checkbox"/> Social Media/Web Design	<input type="checkbox"/> Word Processing	
AREAS OF INTEREST: Please check all that apply.			
Interests On File: Are these the same this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Board Member	<input type="checkbox"/> Derby Day Committee	<input type="checkbox"/> Major Fundraiser – Dinner	
<input type="checkbox"/> Book Club	<input type="checkbox"/> Euchre	<input type="checkbox"/> Sewing Angel Layette	
<input type="checkbox"/> Clothing Buyers Committee	<input type="checkbox"/> Fall Luncheon/Mtg. Committee	<input type="checkbox"/> Spring Luncheons	
<input type="checkbox"/> Clothing Center (Wednesday) <input type="checkbox"/> (Sunday)	<input type="checkbox"/> Giftwrap at ND	<input type="checkbox"/> Tutoring/Mentoring	
<input type="checkbox"/> Crocheting/Knitting	<input type="checkbox"/> Foster Hope	<input type="checkbox"/> Used Clothing Motor Corps	
<input type="checkbox"/> Day of Reflection Committee	<input type="checkbox"/> Mailings		
CHAPTER MEMBERSHIP DUES & NATIONAL DUES & ASSESSMENT			
Membership Dues Levels (Select level)			
<input type="checkbox"/> Benefactor (\$325+) <input type="checkbox"/> Patron (\$125-324) <input type="checkbox"/> Regular (\$75-124) <input type="checkbox"/> Senior (\$50+) and over age 65			
Membership dues are used by our Chapter to cover operating expenses and to support our mission of clothing needy children.			
Amount Enclosed		Make check payable to:  Christ Child Society of South Bend	
Mail completed form to: The Christ Child Society • 2366 Miracle Ln • Mishawaka, IN 46545			