INDIAN WOODS COMMUNITY ASSOCIATION

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Director 5515 West Rosedale Avenue Chicago, Illinois 60646 (773)-447-8597 wrnservicices@sbcglobal.net September / 2010

TO:

Indian Woods Community Residents

FROM:

Indian Woods Community Association

Board of Director

SUBJECT:

2010 Membership Application and Dues

Dear Neighbor:

This year the Board of Directors has designed an easy way for you to renew your membership and pay your 2010 dues.

Enclosed you will find a Membership Application and self addressed envelope to send in your 2010 application and dues. You can mail or drop off your application and dues to the address on the envelope.

Dues for 2010 are the same as last year's (\$20.00) per household. The Association is attempting a 100% membership goal for this year. Please renew today.

Annual dues pay for private snow plowing of our streets, community activities and educational programs, crime prevention activities including neighborhood watch programs, and representing the residents to local, city, and state government officials and local businesses.

If you have any questions, please feel free to call anyone of the Board members listed on this letterhead.

Sincerely,

BOARD OF DIRECTORS INDIAN WOODS COMMUNITY ASSOCIATION

BOD/



2010 Membership

Membership And Dues Form (Rev. Aug. = 2010)

Indian Woods Community Association Membership Application

2010 Dues for 01-01-2010 to 12-31-2010

(Rev. Aug –	2010)					12-31-2010					
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plic; SA A	<u> </u>	□ Own Home □ Rent Home □ Apartment Renter □ Coach House Renter □ Other:									
Print or Type Please complete All Information On The Application If You Have Any Questions – Call Your IWCA Area Representative or One of the Association Officers		e (1) - (First, MI, Last)								
	Name	Name (2) – (First, MI, Last), or Business Name									
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Print or Type All Information Questions – Ca	City			State							
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olete / Any	Fax T	lephone Number									
complete Have Any sentative	Cell T	Cell Telephone Number									
Please of the Foundation of th	E-Ma	E-Mail Address									
Ples FY Re	What	What Is The Best Way To Notify You on IWCA Events and Meetings									
	□ E-1	□ E-mail □ Telephone Call □ Newsletter □ Community Flyer □ Other:									
I/We Would	Like to P	articipate in the Follo	wing Activities:								
☐ Serve on			☐ Young Parents Club	□ Neighborhood Wat	ch ☐ Friend of the Rive	er Project					
□ Serve IW	CA Deve	lopment Committee	□ Mom's & Tots Club	□ Pet Owner's Club	Garden Club						
☐ Check on	Elderly	r Sick Neighbor	□ Fundraising Committee	☐ Indian Woods Resto	ration / Clean Up Project						
□ Other:											
OPTIONAL: Please list the age children for event planning.			Girls		Boys						
2010 Annual \$ 20.00)	Annual Dues: Me and activities to improve	mbership in the IWCA is vol community. Residents and the community.	luntary. Annual dues pay d renters are encouraged	/ for Association events, ε and support the Associa	educational programs, tion and participate in					
Due 10-01-20	010			ment Method							
□ Check	-	Check No.	Date	Amour	nt: \$						
□ Cash	t year.	Date	Amount receiv	/ed\$							
of Illinois Se character of	cretary of cour resid	of State. The Purpo ential service area th	mmunity Association (IWCA) ose of the IWCA are to preat serves Ardmore Avenue nue, Lockwood Avenue, and	romote the social welfar on the South, Indian Roa	re and education, and pad on the North East, and	reserve the residential Central Avenue on the					
Signature of (X)	Applican	t			Date						
			ASSOCIATIO	ON USE ONLY:							
□ Dues Rec	eived: ¢		□ Dues Posted By: _		Recorded With Treas	surer 🗆					
			L Dues Fosied by		Date Updated						
☐ Information	n Update	in Database Date	:By:		By:						

Indian Woods Community Association Member Request

Drop Off or Mail to:

IWCA c/o Board of Directors 5245 West Ardmore Ave. Chicago, Illinois 60646-6520

	Description of Issue or Topic:									
	☐ Comment ☐ Suggestion ☐ Idea ☐ Item for Newsletter ☐ Complaint ☐ Commendation									
	Other:									
_	□ Would Like Placed on the Next General Meeting Agenda □ Would Like Placed in the Community News Newsletter									
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Print or Type - Please complete All Information On This Form Uncompleted Member Request Forms Will NOT Be Processed or Acted Upon If You Have Any Questions – Call Your IWCA Area Representative										
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	Name (1) - (First, MI, Last)									
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	City	State		Zip						
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	Cell Telephone Number									
	1 – () –									
	E-Mail Address									
	What Is The Best Way To Contact You:									
Signature of	□ E-mail □ Telephone Call □ Newsletter □ U.S. Mail □ Other: e of Applicant □ Date									
(X)										
ASSOCIATION USE ONLY:										
Action Taker	n:	Date Received:								