

Cantigny

MEMBERSHIP APPLICATION

Purchaser Information

Name

Address

City, State, Zip

Daytime Phone

Home Phone

Email

Gift Membership (fill out for gift purchase)

Recipient Name

Address

City, State, Zip

Telephone

Email

Send to purchaser

Send to recipient

Membership Options

Choose your membership	1 year	2 year	Gift Membership	Total
Cantigny Member	<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	\$	\$
Cantigny Member Senior	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90	\$	\$
Date of Birth <small>(seniors)</small>				
Cantigny Member Plus	<input type="checkbox"/> \$80	<input type="checkbox"/> \$150	\$	\$
Amount Due-----				\$

Payment Options

Visa

Discover

MasterCard

Check

Credit Card #

Exp Date

CVV Code

Card Holder
Name (print)

Amount

Date

Signature

Mail this completed form along with payment to:

Cantigny Park, Attn: Membership

1s151 Winfield Road, Wheaton, IL 60189

Make checks/money orders payable to: Cantigny Park

Phone: 630.668.5161 Fax: 630.665.5332

