



JOIN THE TNBC CHICAGO CHAPTER MEMBERSHIP APPLICATION

FULL NAME: _____ DATE: ____/____/____

HOME ADDRESS: _____

CITY, STATE & ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

LAST 4 DIGITS OF SSN: _____ LOCAL UNION #: _____ YEARS IN THE UNION: _____

AREA REGION: _____ EMPLOYER: _____

JOB CLASSIFICATION: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

PLEASE CHECK THE APPROPRIATE BOX & MAIL TO THE ADDRESS BELOW:

NATIONAL, REGIONAL & CHICAGO CHP.	CHICAGO CHAPTER + NATIONAL	CHICAGO CHAPTER + REGIONAL	CHICAGO CHAPTER <u>ONLY</u>	ASSOCIATE MEMBER (Chicago Only)
\$120	\$105	\$70	\$55	\$20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECT (X) →
MEMBERSHIP

(VISIT www.chicagotnbc.com FOR A FULL LIST OF MEMBER BENEFITS)

MAIL THIS MEMBERSHIP FORM TO:

TNBC CHICAGO CHAPTER
PO BOX 8288
CHICAGO, IL 60680

YOU CAN ALSO REGISTER ONLINE:

<http://www.chicagotnbc.com>



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