



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 _____