

The MAGIC Foundation Membership Application

*All * areas need to be filled in or we will not be able to process your Membership!*

*Your name: _____
(exactly as it appears on your credit card if you are using one)

Your email address: _____

*Address: _____

*City: _____

*State and Zip: _____

*Phone Number Home: _____

Phone Number Office: _____

*Membership:(check one) New: _____ Renewal: _____

*Type of Child's Growth Disorder _____

*Check one: \$35 _____ \$40 Canadian: _____ \$45 Overseas _____ \$50 Sponsor: _____

\$100 Professional: _____ \$500 Corporate: _____ \$5,000 Lifetime: _____

Major Credit Card: Visa _____ Mastercard _____ Expiration Date: ____/____/____

Account Number: _____

Signature: _____

Annual Memberships are due January 1st. Dues received after August 31st will entitle membership for the following year.

**Mail this application with a check or money order (no cash please) to:
MAGIC, 6645 W. North Avenue, Oak Park, IL 60302**