

CAOC Membership Application

Join now to receive the newsletter *Chicag-O* and discounts at Chicago Area Orienteering Club local events

Mail your check with the completed form to CAOC, P.O. Box 369, Mundelein IL 60060

Name:	Gender:	Year of Birth:
Address:		
City, State, Zip:		
Home phone:	Work Phone:	
Email:		

For family membership, please list additional family members:

Name:	Gender:	Year of Birth:
Name:	Gender:	Year of Birth:
Name:	Gender:	Year of Birth:
Name:	Gender:	Year of Birth:
Name:	Gender:	Year of Birth:

Individual 1-year (\$10) Individual 3-year (\$28) Family 1-year (\$15) Family 3-year (\$42)

Is this a new CAOC membership or a renewal ? Change of Address