Advisory Council Registration Form

Date: __________

Park Name: ____________________________________________________________

Adopted Park Sites: ____________________________________________________

Contact Person

Name: ___________________________ Phone: _____________________________

Mailing Address:________________________________________________________

Email Address:_________________________________________________________

Advisory Council Officers

President
Name: ___________________________ Phone: _____________________________

Mailing Address:________________________________________________________

Email Address:_________________________________________________________

Vice-President
Name: ___________________________ Phone: _____________________________

Mailing Address:________________________________________________________

Email Address:_________________________________________________________

Treasurer
Name: ___________________________ Phone: _____________________________

Mailing Address:________________________________________________________

Email Address:_________________________________________________________

Secretary
Name: ___________________________ Phone: _____________________________

Mailing Address:________________________________________________________

Email Address:_________________________________________________________
Committees established (if any): ____________________________________________

_________________________________________________________________________

Date of last election: __________ Term of Office: ____________________________

Do you have membership dues? Yes    No

If yes, what is the amount of annual dues? ________________

Does the Advisory Council have a State of Illinois Organization Charter? Yes    No

Does the Advisory Council have an IRS tax exempt designation? Yes    No

Has the Advisory Council adopted by-laws? Yes    No    (If yes, please
attach a copy)

Date adopted ____________________________

What are the primary goals of the Advisory Council? _________________________

_________________________________________________________________________

_________________________________________________________________________

Date and place of the initial meeting for Advisory Council formation: __________

_________________________________________________________________________

Date and time of regular meetings: _________________________________________

_________________________________________________________________________

Specific methods used to announce initial and subsequent meetings to the community:

_________________________________________________________________________

Park Advisory Council information will be posted on the Chicago Park District website.

What is the primary email address for the PAC: ________________________________

Please return this completed form to the
Chicago Park District
Department of Legislative and Community Affairs
541 N. Fairbanks, Chicago, IL 60611
Fax: (312) 742-6098
Email: maria.stone@chicagoparkdistrict.com