



ST. ELIZABETH SETON MEN'S CLUB
9300 W. 167th Street, Orland Hills, Illinois 60487



Membership Year 2025 / 2026

LAST NAME _____ FIRST NAME: _____
SPOUSE'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE #: _____ CELL PHONE: _____
EMAIL: _____

Do you wish to receive a reminder for upcoming meeting?

- ☐ YES (Please provide a valid email address)
☐ NO

How would you like to be notified for wakes?

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Email | Directory: (Circle one) |
| <input type="checkbox"/> Call | |
| <input type="checkbox"/> Cell | Printed Version |
| <input type="checkbox"/> Home | |
| <input type="checkbox"/> Do NOT notify | Digital Version |

Drop off completed form along with payment in parish office or mail to:

St. Elizabeth Seton Men's Club
ATTN: Membership Chairman
9300 W 167th Street
Orland Hills, IL 60478

Do not write below this line

For Membership Chairman

- ☐ Membership Renewal (\$40.00)
☐ New Membership (\$40.00)
☐ Second Half Membership (\$20.00)
☐ Brought in NEW member (\$0.00)
☐ Golf League (\$100 fee includes membership)

Amount Paid: \$ _____ Date Paid: ____/____/____

- ☐ Cash
☐ Check