



National Fantasy Fan Club
Northern Illinois Chapter
Membership Application

(Please Print)

Family Name: _____

Family Members Names: _____

Address: _____

City, State, Zip: _____

e-Mail Address: _____

Telephone Number: _____

Chapter Membership, payable to NFFC – Land Of Mickey*

*(*Chapter Membership also requires membership in the National Organization)*

_____ Individual 15.00 per year

_____ Family 30.00 per year

National Membership, payable to NFFC

_____ Please send me an application form for National Membership and forward dues and application when complete.

_____ National Membership \$29.00 per year

Total Enclosed: \$ _____

Please mail application(s) and payment(s) to:

NFFC

Debbie Hildenbrand

PO Box 17

Lincolnshire, IL 60069

Thank you and Welcome to the NFFC, Northern Illinois Chapter, *Land of Mickey*.