



chicago park district
541 N. Fairbanks Chicago, IL 60611

Advisory Council Registration Form

Date: _____

Park Name: _____

Contact Person

Name: _____ Phone: _____

Mailing Address: _____
Zip Code

Email Address: _____

Advisory Council Officers

President

Name: _____ Phone: _____

Mailing Address: _____
Zip Code

Vice-President

Name: _____ Phone: _____

Mailing Address: _____
Zip Code

Treasurer

Name: _____ Phone: _____

Mailing Address: _____
Zip Code

Secretary

Name: _____ Phone: _____

Mailing Address: _____
Zip Code



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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: _____

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