



Positive Images for a Positive Future

Community Film Workshop of Chicago Membership Form

Receipt Date: _____

Member Name: _____

Address: _____

City State Zip: _____

Phone: _____ Email: _____

Category	Description	Amount Paid _____
Membership Fee	Membership is valid for one year	Cash _____ Check# _____

Make Check Payable to:
Community Film Workshop
In Residence at the Harris Park 6200 S. Drexel
Chicago, Illinois 60637 (773) 752-9335
www.cfwchicago.org