



ILNA Associate Program
C/O Jeffrey Paunicka
Program Director
5050 Winged Foot Dr.
Monee, IL 60449
574.315.0238

ILNAYouthprogram@gmail.com
WEB: www.ILNAclub.org

ILNA Associate Program Application

____/____/____
Date

| | | |
|-----------------|------------|------------|
| Last Name | | First Name |
| Address | | |
| Address | | |
| City, State Zip | | |
| eMail Address: | | |
| Age | Birth Date | Home Phone |

Associate Signature

Parent/Guardian Signature

Relationship

☐ I need a Sponsor - please assign one

☐ I have a Sponsor already

Sponsor

Shirt Size:

☐☐☐☐☐☐

XS

S

M

L

XL

XXL

Are you a member of a local Coin Club?

☐☐

Yes

No

If Yes, name of club: _____

=====

Below line for ILNA use

CB

Sponsor/Contact

CK



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ILNA Associate Program Sponsor Application

Do you want this to be a Business or Individual Sponsorship?

☐ Business ☐ Individual/Club

____/____/____
Date

| | |
|----------------------|---|
| Business / Club Name | |
| Last Name | First Name |
| Address | |
| Address | |
| City, State Zip | |
| eMail Address: | |
| Phone/Contact | Can this number receive Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Web Site: | |

- ☐ I want to Sponsor an Associate - Please assign one to me - \$60
- ☐ I want to Sponsor an Associate - I have one already picked out - \$60

Associates Name

- ☐ I want to be a General Sponsor and make a donation to the Program
- \$ _____
Amount of Donation

Are you a member of a local Coin Club?

If Yes, name of club: _____

Make all Checks out to ILNA

=====

Below line for ILNA use

CB

Sponsor/Contact

CK