

## Request for Membership Form

**Yes, I am interested in becoming a member of the Milwaukee Chapter of the Christ Child Society. Please send me information about the Christ Child Society and a Christ Child Society membership application.**

**Name** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Best Time to Call** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_

**Send this form to:**

**Christ Child Society, Inc. – Milwaukee Chapter  
4033 W Good Hope Road  
Milwaukee, WI 53209  
Attention: Membership Chairman**