CENTER FOR IN	NDEPENDENT LIVING

## **MEMBERSHIP APPLICATION**

Choose one: □ New □ Renewal

Date of Application:		
Individual's Name:		
Business (if applicable): _		
Mailing Address:		
City/State/Zip:		
Phone Number: (	)C	] Voice □ TTY □ VRS
Email Address:		
I/We endorse the mission member(s). <i>Financial ass</i> <i>disabilities</i> . <u>(Choose one</u>	of LIFE Center and wa sistance is available fo	ant to become a
Individual Annual Mem	bership (1 person) \$1	0
Family Annual Member Please provide name	ship (3 or more memb s of additional membe	
□ Not for Profit Business	/Agency Annual Memb	pership \$50
□ For Profit Business An	nual Membership \$75	
□ LIFEtime membership	\$200	
As a member, if you would size(s): arrangements to get the s	d like a LIFE CIL T-shii ; if so we will be i	rt, please provide your n touch to make
FOR OFFICE USE ONLY:	NOTE TO S	STAFF: Date and Initial All
Date Received:	□ Entered in Database:	
Thank you Sent:	Ballot Sent (FALL):	

## WANT TO LEARN MORE ABOUT LIFE CIL?

Please check any that you are interested in and for which you'd like more information (*please check all that apply*):

- □ Individual Services Offered
- □ Community Services Offered
- □ Peer Mentoring/Support Groups
- □ Advocacy (Individual or Systems)
- □ Workshops, Trainings and Learning Opportunities
- □ Volunteer Opportunities
- □ Board/Committee Service (Volunteer)
- □ Donation Opportunities
- **E-Newsletter (please make sure we have your email address)**

Please make checks payable to: LIFE Center for Independent Living or LIFE CIL

Enclosed is a payment of \$\_\_\_\_\_ for my/our membership fee(s).

Return your form and payment to LIFE CIL to the following address:

LIFE CIL 2201 Eastland Drive, Suite 1 Bloomington, IL 61704-7923

Please choose one:

□ I/We agree to be recognized as members of LIFE CIL.

□ I/We wish to remain anonymous and not be recognized as members of LIFE CIL.

We appreciate our friends. Thank you for your support!