

MEMBERSHIP APPLICATION



*Yes, I want
to become a
Member!*

Name

Title/Organization/Affiliation

Address

City, State, Zip

Phone Number (s)

Email

- I would like to become a individual member of the Chicago Freedom School. Enclosed is a check or money order in the amount of:
- \$100 (1 year)
 - \$165 (2 years)
 - \$35 (1 year for students and seniors age 65 +. Please enclose copy of valid I.D.)
 - \$60 (2 years for students and seniors age 65+)
 - Please send me a t-shirt in size: S M L XL XXL (circle one)
- My organization would like to become an institutional member of the Chicago Freedom School. Enclosed is a check or money order in the amount of:
- \$1000
 - \$750
 - \$500

Please mail this form with your check or money order to:

Chicago Freedom School
719 S State St., Suite 3N
Chicago, IL 60605

You may also fax or email and pay online here: <http://chicagofreedomschool.org/support#donate>

*PLEASE CONTACT US AT 312.435.1201 IF YOU HAVE ANY QUESTIONS.
ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS ALLOWED UNDER THE INTERNAL REVENUE SERVICE
501(C)(3) CODE, MINUS COST OF T-SHIRT.*

