



MEMBERSHIP APPLICATION

Name: _____ E-mail*: _____

Spouse Name (for joint memberships): _____

Mailing Address: _____

Membership Contribution:

\$20 \$35 \$50 Other _____

Payment Type:

Cash Check (Payable to *ACLU*)

Credit Card (Visa or Mastercard)

Credit Card No. _____ Exp. _____

Please return this form to the ACLU of Illinois office:

ACLU of Illinois
180 N Michigan Ave, Ste 2300
Chicago IL 60601

*Your e-mail address will never be shared with another organization. You will be added to the E-newsletter and Action Alert list. If you do not wish to be added, please check this box.