



ILLINOIS
HANDS &
VOICES

ilhandsandvoices.org

MEMBERSHIP CATEGORIES

- Parent/Individual \$25
 Family \$25
 Student \$25
 Professional \$40
 Organization/Agency \$50
 Additional Donation \$_____

**Yes, I would like
information
on volunteering
at IL Hands & Voices!**

TODAY'S DATE: _____

MEMBER TITLE Mr. & Mrs. Mr. Ms. Mrs. Miss other

Member Name _____

2nd Member Name (if applicable) _____

Address _____ Apt. or Ste# _____

City _____ State _____ Zip _____

Telephone (____) _____ Cell or other# (____) _____

E-mail address _____

* please include your email(s), our mailing list is kept private and is our most effective, direct and low-cost way to communicate with our members about IL Hands & Voices events and news.

PAYMENT

- Check
 PayPal (upon receipt of this form an invoice will be sent to you)

Paypal email address _____

SIGNATURE (Required to process application) _____

Please return this application to:

**Illinois Hands & Voices
P.O. Box 9366
Naperville, IL 60567**

If you have any questions please email us ilhandsandvoices@gmail.com or call 877-350-4556