



CONSORTIUM FOR ILLINOIS LEARNING COMMUNITIES

MEMBERSHIP APPLICATION

Institution Name: _____

Institution Address: _____

City: _____ Zip Code: _____

Who would be the best person(s) to contact regarding upcoming CILC events?

Name(s): _____

Position/Title: _____

Phone: _____ E-Mail: _____

Institutional Membership: One Year (\$150.00) _____ Three Years (\$425.00) _____

Individual Membership: One Year (\$15.00) _____ Three Years (\$40) _____

Please make checks out to CILC and send to:

CILC
P. O. Box 3175
Oak Park, IL 60303

*Institutional Business Offices: Please accept this form as an Invoice for your purposes.

Please note: if sending an ACH payment, please return this form so we can confirm your membership.