



CILC

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 check one: Active Membership* _____ Passive Membership* _____

Please make checks out to CILC and send to:

**CILC
P. O. Box 4291
Wheaton, IL 60189**

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

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

* Institutional Members, on their membership form, indicate whether they intend to be "active" or "passive" members in the workings of the Executive Committee. Only "active" Institutional Members would be counted, along with Individual Members, for the purpose of determining a quorum at Executive Committee meetings. All Institutional and Individual Members attending an Executive Committee meeting would have full participation and voting rights.