



SUPPORTING MEMBERSHIP FORM

Send form and payment to:
Illinois Storytelling, Inc.
P.O. Box 6644
Aurora IL 60598-0644

Type of Membership Requested

- Individual Member – \$30 per year
- Family Member – \$40 per year
- Elder (65+) Member – \$10 per year

Supporting Member Information

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail Address _____

Web Address _____

Payment Options

- Check
- Visa _____ Exp. Date _____
- MasterCard _____ Exp. Date _____

Signature _____