

MEMBERSHIP APPLICATION

I (or this organization) support(s) the objectives of the Rockford Interfaith Council and wish(es) to be considered a member for 2005-2006.

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Religious Affiliation _____

DUES:

INDIVIDUAL \$10

ORGANIZATION \$25

OTHER CONTRIBUTION \$ _____

Please send completed form with check for dues to:

R.I.C., 4848 Turner Street, Rockford, IL 61107