



MEMBERSHIP RENEWAL

SPRINGFIELD CENTER FOR Independent Living

Membership Categories

- _____ Systems Changer – \$100
- _____ Avid Advocate - \$50
- _____ Supporter - \$25
- _____ Member - \$10

Thank you for your
membership renewal!
Your continued support
is deeply appreciated!

Name _____

Address _____

City, State _____ Zip _____

Telephone (H) _____

(W) _____

Cell _____

E-Mail _____

Advocacy Alert Call List: may we add your phone number and/or e-mail address to receive important information from SCIL?

(circle one) **YES** **NO**

How do you prefer to receive information from SCIL?

(circle one) **large print** **braille** **other:** _____

SCIL Memberships are tax deductible.

Membership Questions: please call SCIL @ (217)523-2587 v/tty
Mail form to: SCIL, 330 S. Grand Ave., West, Springfield, IL 62704