



Illinois Coalition of Nonpublic Schools (ICNS)
2020-2021 Affiliate Membership Application

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

EMAIL ADDRESS FOR ICNS NEWS: _____

PHONE NUMBER: _____

AFFILIATION/DENOMINATION: _____

Annual Membership - \$125.00

Please send your check (made payable to ICNS) to:

ICNS

Attn: Judy Wolf

5624 Walnut Avenue #1A

Downers Grove, IL 60516

(You may pay online at www.icns.net.)

ICNS has lobbyist representation in Springfield to keep us
apprised of issues that impact nonpublic schools in Illinois.
Please help us provide this service – a donation would be appreciated.

I would like to add a donation to ICNS in the amount of \$_____.

Email address for donation receipt: _____.

Thank you for your donation.
A donation acknowledgement will be emailed to you.

Thank you for your support of ICNS!

The voice of nonpublic education in Illinois