



Illinois Coalition of Nonpublic Schools
(ICNS) 2024-2025 Association Annual Dues

ORGANIZATION NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

My membership on the Illinois Coalition of Nonpublic Schools represents _____ schools.

Rates for annual membership fee:

\$ 600.00 – from two to nine schools

\$ 800.00 – from ten to nineteen schools

\$1000.00 – twenty schools and over

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

Mrs. Arlene Friedman

c/o Associated Talmud Torahs of Chicago

3531 Madison Street

Skokie, IL 60076

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:

☐\$500 ☐\$1000 ☐\$1500 ☐\$2000 ☐\$2500 ☐\$4000 ☐Other: \$_____.

Email address for donation receipt: _____.

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

We are grateful for your support of ICNS!

The voice of nonpublic education in Illinois