



Illinois Coalition of Nonpublic Schools  
(ICNS)  
2016-2017 Local School Membership Application

SCHOOL NAME: \_\_\_\_\_

SCHOOL MAILING ADDRESS: \_\_\_\_\_

SCHOOL MAILING ADDRESS: \_\_\_\_\_

SCHOOL CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS FOR ICNS NEWSLETTER: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_

SCHOOL AFFILIATION/DENOMINATION: \_\_\_\_\_

Is your school state recognized? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Membership Options: Annual - \$75, Two Years - \$125

To pay by check, send dues (made payable to ICNS) to:

ICNS  
Attn: Judy Wolf  
2301 South Wolf Road  
Hillside, IL 60162

You may also pay online at [www.icns.net](http://www.icns.net).

**We thank you for your support of ICNS!**

**“The voice of nonpublic education in Illinois”**