



Application type : ☐ New ☐ Renewal

2024-2025 MEMBERSHIP FORM

To become a member, please fill out online or mail in completed application with your yearly membership dues.

PERSONAL INFORMATION

First & Last Name	<input type="text"/>	<input type="text"/>
AFFILIATION/ PROGRAM NAME	<input type="text"/>	
Address	<input type="text"/>	
City, State, IL	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	
E-Mail	<input type="text"/>	

The best way to inform you about our benefits and events is by joining our mailing list.

Can we add you to our email list?

☐ Yes, please add me to your email list to stay informed

MEMBERSHIP OPTIONS

Membership Year: July 1, 2024 to June 30, 2025

MEMBERSHIP TYPE

Select one:

- | | | |
|---|------------|---------|
| <input type="checkbox"/> Individual | ANNUAL FEE | \$30.00 |
| <input type="checkbox"/> Group Option A
(Groups with 10 or fewer people) | | \$50.00 |
| <input type="checkbox"/> Group Option B
(Groups with 11 or more people) | | \$75.00 |



Signature	<input type="text"/>	Date	<input type="text"/>
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Follow us on facebook for upcoming events: <https://www.facebook.com/eccclake>

REMIT APPLICATION & PAYMENT TO:

ECCC OF LAKE COUNTY
P.O. BOX 61
GURNEE, IL 60031

IN-PERSON OR MAIL IN REGISTRATION

AMOUNT RECEIVED/INCLUDED \$

☐ CASH ☐ CHECK #

RECEIVED BY:



Please use this form to provide the names of people who you would like to be included in your group membership.

FOR GROUP MEMBERSHIPS

AFFILIATION/PROGRAM NAME

First & Last Name

Phone Number

E-Mail

First & Last Name

Phone Number

E-Mail

First & Last Name

Phone Number

E-Mail

First & Last Name

Phone Number

E-Mail

First & Last Name

Phone Number

E-Mail

For more entries please make a copy of this page.