



Constitution Party of Illinois

Membership Application Form – 2007

(Full, Student and Lifetime members must be Illinois residents, 18 years of age or older)

Date of Application _____

Personal Information:

Name: _____ Spouse: _____
 Address: _____ Phone: _____
 City: _____ State: _____ ZIP: _____
 E-Mail: _____ County: _____
 IL Representative District: _____ IL Senatorial District: _____ U.S. Congressional District: _____

Membership Type:

- Full Full rights and privileges.
Individual Membership – \$30.00 / Family Membership - \$50.00 \$ _____
- Student Full rights and privileges.
Individual Membership – \$10.00 \$ _____
- Lifetime Full rights and privileges for life (One per mailing address)
Individual Membership – \$650.00 / Family Membership - \$750.00 \$ _____
- Associate Non-voting. (May attend meetings of the Party)
Individual Membership – \$20.00 / Family Membership - \$30.00 \$ _____
- Honorary Will support the Party financially, but not interested in meetings.
 12 Monthly installments of \$ _____ or one Annual installment \$ _____
- Total Enclosed: \$ _____

Affirmation:

Contributions to the Party are **not** tax deductible, and are solicited for possible use in Federal elections. State law requires political committees to report the contributor's occupations and employer.

Occupation: _____ Employer's Name: _____
 Employer's Address: _____

I (we), the undersigned, agree with the principles, purposes, constitution, and platform, of the Constitution Party of Illinois and its local affiliates.

Signature _____ Date _____ Spouse Signature _____ Date _____

Make checks payable to and mail this form with membership dues and/or contributions to:
Constitution Party of Illinois – P.O. Box 8063, East Peoria, IL 61611

Opportunities For Service:

- Unit Officer Telephoning Mailings
 Officer of the Party Fundraising Event Booth Worker
 Candidate for Public Office Finances Election Booth Worker
 Prayer Partner - Will commit five minutes of prayer per day for the Party and its concerns.
 Other: _____

For Office Use:

Date Received: _____ Check Number: _____