



Constitution Party of Illinois

Membership Application Form

(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:

- | | | |
|------------------------------------|---|----------|
| <input type="checkbox"/> Full | Full rights and privileges.
Individual Membership – \$30.00 / Family Membership - \$50.00 | \$ _____ |
| <input type="checkbox"/> Veteran | Full rights and privileges.
Individual Membership – \$15.00 / Family Membership - \$30.00 | \$ _____ |
| <input type="checkbox"/> Student | Full rights and privileges.
Individual Membership – \$10.00 | \$ _____ |
| <input type="checkbox"/> Lifetime | Full rights and privileges for life (One per mailing address)
Individual Membership – \$650.00 / Family Membership - \$750.00 | \$ _____ |
| <input type="checkbox"/> Associate | Non-voting. (May attend meetings of the Party)
Individual Membership – \$20.00 / Family Membership - \$30.00 | \$ _____ |
| <input type="checkbox"/> Honorary | Will support the Party financially, but not interested in meetings.
12 Monthly installments of \$ _____ or one Annual installment | \$ _____ |

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:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Unit Officer | <input type="checkbox"/> Telephoning | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Officer of the Party | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Event Booth Worker |
| <input type="checkbox"/> Candidate for Public Office | <input type="checkbox"/> Finances | <input type="checkbox"/> Election Booth Worker |
| <input type="checkbox"/> Prayer Partner - Will commit five minutes of prayer per day for the Party and its concerns. | | |
| <input type="checkbox"/> Other: _____ | | |

For Office Use:

Date Received: _____ Check Number: _____