



MEMBERSHIP APPLICATION

Name: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____

Email: _____

Member Category:

- Business--\$250
- Government--\$250
- Educational Institution--\$150
- Non-Profit Organization--\$150
- Individual/Associate--\$100

Enclose payment and mail to:

Illinois Recycling Association
PO Box 3717
Oak Park, IL 60303-3717
Phone: 708-358-0050
Fax: 708-358-0051
Website: www.illinoisrecycles.org
Email: executivedirector@illinoisrecycles.org

Join online with any major credit card or supply information here:

Card Number: _____

Expiration Date: _____ Type of Card: _____

Name on Card: _____