

ILMA Membership Form Please send form and payment to:

ILMA PO Box 20655 Springfield, IL 62708

Name:	
Organization:	
Mailing Address:	
Phone:	
Email:	
Annual membership dues:	
	Individual (\$70.00)
	Family (\$90.00)
	Student (\$35.00)
	Public/Non-Profit (\$175.00)
	Corporate (\$265.00)
	Sustaining (\$350 00)