

IFLOSS Membership Form

To support the IFLOSS Coalition, please print, complete, and send this form with your membership fees.

Name _____

Agency _____

Address _____

Telephone _____

Fax _____

E-Mail _____

- Student** \$ 10.00
- Individual** \$ 30.00
- Affiliate (organizations)** \$ 50.00
- Sustaining (organizations)** \$1000.00
- Lifetime Individual** \$ 250.00

Please make checks payable to "IFLOSS" and send to:

IFLOSS
1415 E. Jefferson St.
Springfield, IL 62703

Questions - please call:

(217) 789-2185