



228 S. Wabash, Suite 800
Chicago, Illinois 60604
(Ph) 312.332.7360 | (Fax) 312.332.7044
www.icirr.org

Membership Application (Fiscal Year 2020)

Membership for July 1, 2019 through June 30, 2020

Check One: ☐ Organization ☐ Business/Legal/Union ☐ Educator
Check One: ☐ New ☐ Renewing

Primary Contact Information

Please fill out contact information for your organization.

Organization/Business Name: _____
First Name: _____ Last Name: _____ Title: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Phone: _____ Fax: _____
Email: _____ Website: _____

Additional Contact Information

Please include additional information for your staff members that will receive ICIRR newsletters and updates.

- | | |
|--|--|
| 1. Name(First, Last): _____
Title: _____
Email Address: _____
Phone Number: _____ | 3. Name(First, Last): _____
Title: _____
Email Address: _____
Phone Number: _____ |
| 2. Name(First, Last): _____
Title: _____
Email Address: _____
Phone Number: _____ | 4. Name(First, Last): _____
Title: _____
Email Address: _____
Phone Number: _____ |

Tell us more about yourself...

1. On a scale of 1-10, please tell us how beneficial you think ICIRR's work has been.

Not at all 1 2 3 4 5 6 7 8 9 10 **Very Beneficial**
Beneficial

(Optional) Share your thoughts on ICIRR's work: _____

2. How can we better engage ICIRR members in our work, including our campaigns?

3. What would you like to see more of as an ICIRR member organization?

- ☐ Immigration Trainings ☐ Fundraising Trainings ☐ Actions ☐ Organizing ☐ Organizing Trainings
☐ Information on Website ☐ Member Meetings ☐ Advocacy/ Policy ☐ Volunteering
☐ (Non-Partisan) Political Organizing/New Americans Democracy Project
☐ Immigrant Family Resource Program ☐ Immigration Enforcement – Family Support Network
☐ Immigrant Integration / New Americans Initiative ☐ Structural development within your organization
☐ Other: _____

4. What role would you/ your organization like to take in the future of immigrants and refugees in Illinois?

Payment Information

Membership Dues: Helps to support ICIRR pay for the subsidizing of buses to Springfield and D.C., member retreats, and general member support. Visit www.icirr.org for more information.

By Credit Card: (Fill out all of the information below if you would like to charge your membership dues to a credit card.)

Name (as it appears on card): _____

Card Type: _____ Credit Card Number: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Expiration Date: _____ 3-Digit Code: _____

Make checks payable to:

Illinois Coalition for Immigrant and Refugee Rights
Attn: Membership
228 S. Wabash, Suite 800
Chicago, IL 60604

Request for Fee Waiver: In the cases where a non-profit organization cannot pay the membership fee they will be able to apply for a waiver request. Organizations that received a waiver in FY2019 please contact us to discuss FY2020 fees.

Annual Dues Table: Check One

Non-Profit Organizations, Law Firms, and Business Membership Levels		
Annual Budget	Fee	Check One
Over \$1,000,000	\$1,500	
\$750,000 to \$1,000,000	\$1,000	
\$500,000 to \$750,000	\$750	
\$250,000 to \$500,000	\$500	
Under \$250,000	\$300	