



# Allied Membership Application

Non-voting membership

Date: \_\_\_\_\_

### Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)

Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

Physical Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Invoicing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Required documents to be submitted

- Allied Membership Application
- Supporting literature, which defines the nature of the applicant's business.

Please email all required documents to: [cbedolli@illinoispress.org](mailto:cbedolli@illinoispress.org)

### Dues Payment

An Allied Membership is \$250.00 per calendar year. On approval, a dues invoice will be sent out. Upon receipt of payment, new member will be notified of active status and receive new member information.

### Ownership Information

Name (as shown on income tax return) \_\_\_\_\_

Corporate Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Corporate Phone \_\_\_\_\_

Check appropriate box for federal tax classification.

- Individual/sole proprietor or single member LLC     C Corporation     S Corporation  
 Partnership     Limited liability company     Other \_\_\_\_\_

***Suspend/Expel membership***

The Association reserves the right to suspend or expel a member for behavior contrary to its By-Laws as determined by the Board of Directors.

**Contact Information**

**Primary Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**President/CEO:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER**

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_