



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

New Membership Application (Fiscal Year 2021)

Membership for July 1, 2020 through June 30, 2021

Check One: Organization Business/Legal/Union Educator

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. MAIN CONTACT

Name(First, Last): _____

Title: _____

Email Address: _____

Phone Number: _____

3. FINANCE CONTACT- for membership dues processing

Name(First, Last): _____

Title: _____

Email Address: _____

Phone Number: _____

2. EXECUTIVE DIRECTOR/CEO

Name(First, Last): _____

Title: _____

Email Address: _____

Phone Number: _____

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 Organized Trainings
- Information on Website Member Meetings Advocacy/ Policy Volunteering
- (Non-Partisan) Political Organizing
- 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 FY2021
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. Contact us to discuss FY2021 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	