Illinois Prairie Path Membership Application

_____ I am applying for new membership

_____ I am renewing my membership

_____ This is a gift membership from _____

_____ Member..... $25 _____ Family..... $50 _____ Trail Blazer..... $100

_____ Prairie Partner..... $250 _____ Lifetime..... $500

Name: _____

Street Address: _____

City / State: _____

Zip: _____

Phone: _____

Email: _____

MAIL TO:

The Illinois Prairie Path
P.O Box 1086
Wheaton, IL 60187-1086

NOTE: We keep your email address and personal information for internal records only. This will not be released or sold to any outside party.