**Membership Renewal**

It’s time to renew your membership in the Spinal Cord Injury Association of Illinois and we hope you will do so. Your membership contribution will help provide services for spinal cord injured individuals and their families. It will also help support injury prevention programs.

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY PHONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP CATAGORIES:**

 **SCI Injured Persons FREE**

 **INDIVIDUAL/FAMILY FREE**

 **PROFESSIONAL $25-$50 \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **BUSINESS $150 \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Any amount over the indicated membership fee is a donation and helps to support our services.***

Please complete this form and send the desired fee to: SCIA, P.O. Box 545 Palos Heights, IL 60463.

Pay by Credit Card: #

V-Code (located by signature) Billing Zip Code

Exp. Date Signature

◊ Kindly remove me from your mailing list.

**For office use only:**

Date Received: National: Computer Updated:

Acknowledged: Renew: