



Membership Application

Date: _____

Name (last, first, middle): _____

Agency Name (if an organizational membership): _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Alternate Phone Number(s): _____

Fax Number: _____

Email Address: _____

Membership Category: Individual (\$20/year) _____ Organizational (\$50/year) _____

NEW MEMBERS: Before sending your check, please email info@southwestcoalition.org to request your pro-rated amount for the first year's membership fee.

RENEWING MEMBERS: The annual membership fee is due in June of each year for the following year, July – June.

Please complete and send this form with your check to:

Southwest Coalition, c/o Stepping Stones

1621 Theodore St., Joliet, IL 60435