

**JOIN US!**

## 2021-22 Membership Form



First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Country	<input type="text"/>	Phone	<input type="text"/>
Email	<input type="text"/>	Birthday	<input type="text"/>
Twitter	<input type="text"/>	Facebook	<input type="text"/>
Instagram	<input type="text"/>		

Membership Level: ☐ Individual - \$25   ☐ Advocate - \$50   ☐ Bellringer - \$100   ☐ Champion - \$250

**Choose all that apply to you:**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Student               | <input type="radio"/> Parent                 | <input type="radio"/> School Board Member         |
| <input type="radio"/> Teacher               | <input type="radio"/> Indiana Resident       | <input type="radio"/> Retired Teacher             |
| <input type="radio"/> School Administrator  | <input type="radio"/> Public School Graduate | <input type="radio"/> Retired Superintendent      |
| <input type="radio"/> School Superintendent | <input type="radio"/> School Support Staff   | <input type="radio"/> Retired School Board Member |
|   | <input type="radio"/> Other                  |   |

**Interests or ways you'd like to help (Choose all that apply):**

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="radio"/> Outreach    | <input type="radio"/> Events             | <input type="radio"/> Door to Door Canvassing |
| <input type="radio"/> Research    | <input type="radio"/> Host a House Party | <input type="radio"/> Data Entry              |
| <input type="radio"/> Training    | <input type="radio"/> Legal              | <input type="radio"/> I am a Spanish Speaker  |
| <input type="radio"/> Fundraising | <input type="radio"/> Phone Calls        |   |

**Additional Information / How else could you assist?**

To complete this form and pay quickly **ONLINE**, visit [www.indianacoalitionforpubliced.org/join](http://www.indianacoalitionforpubliced.org/join)  
Or mail a check (payable to ICPE) and this form to P.O. Box 7093, Fishers, IN 46037