

JOIN US!



2021-22 Membership Form

First Name Last Name

Address

City State Zip

Country Phone

Email Birthday

Twitter Facebook

Instagram

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
Or mail a check (payable to ICPE) and this form to P.O. Box 7093, Fishers, IN 46037