

DENT-IL-PAC Membership Form

Please print this page and complete all sections of this application.
(Print or type all information.)

Please sign me up for membership in (check one):

DENT-IL-PAC. Enclosed is my check for \$100.

Governor's Club. Enclosed is my check for \$200.

Governor's Club Family Level. Enclosed is my check for \$300.

Name _____

Spouse's Name (for Gov. Club Family Level only)

Address _____

City, State, Zip _____

Office Address _____

City, State, Zip _____

Telephone _____

Component/Branch _____

Illinois Senate District _____

Illinois Representative District _____

(You will find the above information on your voter registration card.)

Please note: Contributions are voluntary and refusal to contribute does not affect membership rights. Contributions to DENT-IL-PAC are not deductible as charitable contributions for federal or state income tax purposes.

For your convenience, you may pay by check or credit card:

Check (payable to DENT-IL-PAC)

VISA MasterCard

Card Number _____

Expiration Date _____

Signature _____

Please check one of the following:

Business Account Card _____ Personal Card _____

Please mail your completed application and payment to:

DENT-IL-PAC

P.O. Box 5120

Springfield, Illinois 62705

Attn: Pam Cuffle

Thank you for your contribution to DENT-IL-PAC!