



2020 Membership Application and Renewal Form

Thank you for your 2020 Membership, enabling PSCC's work to support conservation land trusts and the broader community in protecting Illinois' land and water resources.

Agency Name: _____

Contact Name: _____

Contact Email: _____ @ _____

Please check your agency's member level:

- \$ 50 (Individual or family)
- \$ 100 (Land trust with annual operating budget less than \$100,000)
- \$ 250 (Land trust with annual operating budget between \$100,000 and \$500,000)
- \$ 500 (Land trust with annual operating budget greater than \$500,000)
- \$ 500 (Businesses, corporations, and government agencies)

PLEASE NOTE ANY CHANGES BELOW:

Mailing Address: _____

City _____, IL Zip Code _____

Email Address/es: _____

Number of full-time staff: _____ part-time staff: _____

Thank you!

Please return this form with your check made payable to PSCC:

*PSCC
P. O. Box 2547
Springfield, IL 62708*

Total enclosed: \$ _____ Check No. _____