

Lake County Right to Life, Inc. Membership Form:

Deadline is APRIL 1, 2009 (in order to vote at the annual meeting on Monday April 20, 2009)

<p>___ Individual membership \$5.00 ___ Second family membership (spouse) \$5.00</p> <p>___ Triple membership \$30 (membership in LCRL, IFRL-state and NRLC-national org. (This provides for our local membership/newsletter, and state and national newspapers)</p> <p>___ Additional donation to LCRL (not tax deductible)</p> <p>___ TOTAL ENCLOSED.</p>

Name: _____ Spouse _____

Preferred mailing address: _____

City, State, Zip _____

Phone: _____ Email: _____

* To help target key legislative information please complete the following:

Congressional District _____

Illinois State Senate District _____ IL State House Representative District _____

* Are you or your children active in youth groups that may like to know about our new LCRL pro-life scholarship?

* Do you volunteer at our Lake County Fair Booth _____ or would you like to? _____

*Please list suggestions for seminar topics and/or speakers that would be of particular interest to you at this time.

Please return to: LCRL, Post Office Box 586, Grayslake, IL 60030