



## IL Federation of Business & Professional Women Dues Remit Form

Amount: \$30.00 MOL or \$8.00 Student Member

Please use 1, 2 or 3 sections, but DO NOT separate

**SEND TO: IFBPW, PO Box 1174, Springfield, IL 62705-1174**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Local \_\_\_\_\_ Region \_\_\_\_\_  
New  Renewal   
Student  Status Full-Time Part-Time (circle one)  
School \_\_\_\_\_ Major \_\_\_\_\_  
Expected Grad. Date \_\_\_\_\_

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