

ECHO Membership Form

Name(s) _____

Address _____

Home Phone _____ Other Phone (optional) _____

Email _____ (To be used exclusively for ECHO business)

Dues are \$25 per household per calendar year (January-December).

Please list both heads of household under NAME(S) if applicable. Return the completed form with \$25 (checks payable to ECHO) to Jim Wills, ECHO Treasurer, 18 S Loomis St, Naperville IL 60540

Your record of ECHO Membership:

Date Paid _____ For Membership Year _____ Amount _____

Check Number _____ Notes _____