



2024/2025 New Membership Application/Renewal Form

Please send this completed application/renewal form and your check payable to: IGHS
215 W. North Street
Danville, IL 61832

Please Check One: New Membership Renewal Membership Member # _____

Membership is for one calendar year (January 1 – December 31). Please check selection below:

\$40 Individual Membership \$30 Foreign Membership (Digital Quarterlies Only)

\$45 Family Membership (Living in Same Household)

Giving Opportunities

\$ _____ General Fund

\$ _____ IGHS Memorial Honorarium (Donated in the Name of _____)

IGHS is a non-profit, nonsectarian, educational organization. All contributions are tax deductible.

Amount Enclosed: \$ _____ Check Number _____

Name _____
Address _____ County _____
City _____ State _____ Zip _____
Telephone _____ e-Mail _____
Would you like to receive your quarterly by email? _____

Signature: _____ Date: _____