



## Membership Form

**Directions:** Complete and return this form with your payment to ICON at the address provided below.

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  Home  Cell  Work  Other \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Worship:** \_\_\_\_\_

*Complete contact information, including e-mail, is essential to keeping you informed during times of critical political activity. This information is not used for any commercial purpose. If you do not want your contact information shared with Indiana Equality, check the following box:*

### Membership Categories:

- Sustaining Individual or Household \$150.00     Individual \$25     Household \$40  
Members at the Sustaining Level receive invitations to free semiannual dinners to hear progress reports, ask questions, and provide input.

### Additional Contributions:

- \$25    \$50    \$100    \$200    \$500    Other \_\_\_\_\_

### Payment Information:

- I wish to pay by check—*Please make payable to "ICON"*  
 I wish to charge this gift to my personal credit card:  MasterCard    Visa    Discover    American Express

Account No. \_\_\_\_\_ Card Verification No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above, I affirm that I am making this contribution on my own personal credit card and not with a corporate or business credit card or one issued to anyone else.*

Contributions or gifts to ICON are not tax deductible.

### Individual Options for Additional Involvement:

**Scope** (select all that apply)

- Fundraising/Finance  
 Meetings/Events  
 Communications  
 Membership Development  
 Issues/Direction

**Time** (select one)

- Occasional Projects <4 hours  
 1 Day Annually  
 1 to 5 Days Annually  
 6 to 12 Days Annually  
 12 Days Annually

**Range** (select one)

- Home City Only  
 25 – 50 Miles  
 50 - 75 Miles  
 75 – 100 Miles  
 Anywhere within Indiana

- I want to be a volunteer for the *ICON Political Action Committee*.  
 I want to host a House Party or screening of *Inlaws & Outlaws*. Please contact me with details.  
 I know individuals and/or religious organizations that would want to learn about ICON. I have provided their names and addresses on the back of this form.

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(317) 722-0236   *↻* www.iconindiana.org