



MEMBERSHIP APPLICATION



**75th Anniversary
Membership Drive**
7500 Members by 75 Years

Member Information:

Name: _____

Company: _____
(if signing up as contact for your company)

Address: _____

City: _____ State/Province: _____ Zip: _____

Telephone: _____ Email: _____

If you were referred by someone as part of our 75 Anniversary Membership Drive, please list that person.

Referred by: _____

Membership Level:

Regular: \$20.00
One-year subscription to *The Reporter*.

Contributing: \$50.00
One-year subscription to *The Reporter*.

Supporting: \$100.00
One-year subscription to *The Reporter*.

Sustaining: \$200.00
One-year subscription to *The Reporter*.

Life: \$1000.00*
Lifetime subscription to *The Reporter*.
20% lifetime discount on Recovery books and merchandise
Lifetime Membership Certificate
Name on Lifetime Membership Plaque at Headquarters
***\$500.00 is earmarked for the Endowment Fund.**

Payment Information:

My check or money order is enclosed.
Please make checks payable to Abraham Low Self-Help Systems.

Please charge the amount shown above to my **Visa** **Mastercard**

Account # _____ Exp. Date: _____

Signature: _____

Please mail or fax your completed application and payment to:

Abraham Low Self-Help Systems
105 W. Adams St., Ste. 2940, Chicago, IL 60603
Fax: (312) 726-4446

~ OR ~ Donate online at www.lowselfhelpsystems.org