



<p style="text-align: center;"><b>ILLINOIS PRESENTERS NETWORK MEMBERSHIP APPLICATION</b></p>
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Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Would you like to be added to the IPN Google List Serve? Yes \_\_\_ No \_\_\_

Number of shows presented in a season: \_\_\_\_\_

List genres: \_\_\_\_\_

\_\_\_\_\_

Duration of Season: \_\_\_\_\_ (month) to \_\_\_\_\_ (month)

**Description of Facility** *Briefly Describe*

*Facility one*

Type: \_\_\_\_\_

Capacity: \_\_\_\_\_

*Facility two*

Type: \_\_\_\_\_

Capacity: \_\_\_\_\_

**PLEASE NOTE:** Membership dues are currently suspended and there are no costs for your organization to join IPN.

Please email your completed Membership Application and logo art to [raffel@cod.edu](mailto:raffel@cod.edu) or mail to Roland Raffel, McAninch Arts Center at College of DuPage, 425 Fawell Blvd, Glen Ellyn, IL 60137

**Questions: Contact Roland Raffel at (630) 661-0146 or [raffel@cod.edu](mailto:raffel@cod.edu)**

