

**COALITION FOR THE REMEMBRANCE OF ELIJAH
MEMBERSHIP APPLICATION**

MEMBERSHIP INFORMATION

Send completed membership application and payment to:

CROE
Attention: Membership Department
2435 West 71st Street (CROE Lane)
Chicago, IL 60629
 Phone: 773.925.1600
 Fax: 773.925.9013

Type of Membership: Individual Affiliate Corporate Affiliate

APPLICANT INFORMATION

Name:

Date of Birth:	Daytime Phone:	Alternate Phone:
Current Address:		<input type="checkbox"/> Apartment <input type="checkbox"/> Home
City:	State:	Zip Code:

Email Address:

CORPORATE AFFILIATE INFORMATION *

Company:

Position Title:

Business Phone:	Email Address:
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Business Address:

City:	State:	Zip Code:
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SIGNATURES

I hereby seek membership to the Coalition for the Remembrance of Elijah (Muhammad) and agree to the terms and conditions of membership.

Signature of applicant:	Date:
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DO NOT WRITE BELOW THIS SECTION/AUTHORIZED PERSONNEL USE ONLY

Approved Pending Membership ID _____ Membership Expiration _____

Signature of CROE Official:	Date:
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