

**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: Apartment Home

City: State: Zip Code:

Email Address:

CORPORATE AFFILIATE INFORMATION *

Company:

Position Title:

Business Phone: Email Address:

Business Address:

City: State: Zip Code:

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:

DO NOT WRITE BELOW THIS SECTION/AUTHORIZED PERSONNEL USE ONLY

Approved Pending Membership ID _____ Membership Expiration _____

Signature of CROE Official: Date: