



***Join the
Illinois
Central
Blues Club!!***

Name _____

Address _____

City _____

State _____ *Zip* _____

Phone _____

Email _____

_____ *New Member* _____ *Renewing Member*

_____ *Individual \$15* _____ *Family \$25*

_____ *Corporate \$50 (bands & businesses)*

Amount paid: _____

Make checks payable to Illinois Central Blues Club (please do not send cash) and mail with completed form to:

I.C.B.C., PO Box 603, Springfield, IL 62705



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