

ILLINOIS RECOVERY ASSOCIATION APPLICATION

c/o Jon Jendral
3056 E 170th St
Lansing Il, 60438



Type of Application & Annual Fee

Agency (\$350 in-State or \$100 Out-of-State)

Recovery Agent (\$50)

Sponsor (\$500)

Company Name: _____ Owner/Officer(s) Name: _____

Recovery Agent: _____ E License Number: _____

Agency R Number: _____ **Expiration:** _____

Address: _____

City State Zip

Mailing Address: _____

City State Zip

Office Number: _____ Fax Number: _____

Email Address: _____ Web Address: _____

Contact Name: _____ Contact Tel. Number: _____

Describe any topic or issue you would like the Association to address. _____

Sponsors/ Types of Services You Supply: _____

Please remit to:

Illinois Recovery Association
c/o Jon Jendral
3056 E 170th St
Lansing IL, 60438