Join the ACLU!

Check one:  ____ New Membership  ____ Membership Renewal  ____ Gift Membership

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Joint</th>
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</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$20</td>
<td>$30</td>
</tr>
<tr>
<td>Contributing</td>
<td>$35</td>
<td>$50</td>
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<tr>
<td>Supporting</td>
<td>$75*</td>
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<tr>
<td>Sustaining</td>
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</tbody>
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*Membership at this level gives the ACLU greater lobbying strength.

Joint Membership is two members in one household, allows for two votes in elections, and gives ACLU greater lobbying strength. Membership dues are not tax deductible. Joining the ACLU makes you a member of the national organization, the Ohio affiliate, and local chapters where they exist.

The ACLU works on a number of issues, including: death penalty; drug policy; free speech; government spying; immigrant rights; LGBT rights; police practices; privacy; religious liberty; reproductive rights; student rights; USA Patriot Act; voting rights. Please indicate below areas that are of special interest to you.

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
Name(s)______________________________________________________________________________________________________
Address_______________________________________________________City, state, zip____________________________________
Day phone__________________________________________________Email______________________________________________

__Gift Membership  If you are purchasing a membership as a gift, please record your contact information in the above section and the recipient’s information in the section below.

Recipient’s Name________________________________________________________City, state, zip___________________________
Address______________________________________________________________
Day phone______________________________________________________________Email__________________________________________

Please indicate below areas that are of special interest to the recipient.

_____________________________________________________________________________________________________________

Payment method:  _____ Check  _____ Bill my credit card

____Visa  ____Mastercard  ____Discover  ____Amex
Credit card number ____________________________________________________________________________________________
Expiration date__________________________________________
Signature_____________________________________________________________________________________________________

Please make checks payable to ACLU of Ohio and mail with this form to:
ACLU of Ohio, 4506 Chester Ave., Cleveland, OH 44103