



**Register as a Supporter of Single-Payer Health Care:
Improved Medicare for All**

PLEASE PRINT IN CAPITAL LETTERS!

Name _____

Email _____

Street address _____

City _____ zip + 4 _____

Phone _____

Check if you would like to be: A dues-paying member _____ Active in the movement _____

Name _____

Email _____

Street address _____

City _____ zip + 4 _____

Phone _____

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Phone _____

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Please return completed forms to ISPC, 29 E. Madison, Suite 1412, Chicago, IL 60602