# CAPITOL NEWS INSIDER

SUBSCRIBER INTAKE FORM | INVOICED MEMBERSHIPS

Complete this form to establish invoiced billing and designate individual member accounts. Accounts are activated within 3 business days of receipt of this form and the signed Basic Operating Agreement (BOA). Return completed form to insider@capitolnewsillinois.com.

## 01 Subscriber and Billing Information

**Individual / Organization Name**

**Authorized Representative**

**Representative Title**

**Billing Street Address**

**City**

**State**

**ZIP Code**

**Billing Email Address** (to deliver invoice)

**Primary Contact Email Address**

**Number of Memberships**

Billing party is responsible for all memberships purchased under the signed BOA. Each membership is assigned to one designated individual. List users on page 2. If more than four users are needed, attach additional copies of page 2.

**VENDOR INFORMATION:**

Organization: Capitol News Illinois | Parent Organization: Illinois Press Foundation | EIN #37-1139015

Mailing Address: 2501 Chatham Rd., Ste. 200, Springfield, IL 62704 USA

Product/Service: Capitol News Insider

Expense Type: Professional Statehouse news & information service

Subscription Term: One year

Website/Product: insider.capitolnewsillinois.com

Contact: insider@capitolnewsillinois.com

## 02 Individual Subscriber Information

Provide one entry for each person who will receive a separate Insider account. Subscribers will use the email address provided for passwordless sign-in. A welcome email will be sent to each subscriber.

### SUBSCRIBER 01

**Full Name**

**Title**

**Organization**

**Email Address**

### SUBSCRIBER 02

**Full Name**

**Title**

**Organization**

**Email Address**

### SUBSCRIBER 03

**Full Name**

**Title**

**Organization**

**Email Address**

### SUBSCRIBER 04

**Full Name**

**Title**

**Organization**

**Email Address**