

PROFESSIONAL MEMBERSHIP ENROLLMENT FORM

CHECK ONE: NEW RENEWAL Dr. Mrs. Mr. Ms. Member ID#: _____

Name: _____ Job Title: _____

Organization: _____ *E-mail: _____

Address: _____ Street _____ City _____ Zip _____ County: _____

Phone: _____ *Fax: _____ Cell: _____

Home Address: _____ Street _____ City _____ Zip _____ Home Phone: _____

*By providing a fax number and e-mail address you are agreeing to receive faxes and e-mails from the Association that may contain a message of a commercial nature. As a member of the IPA, I agree to abide by the Association's constitution, mission, vision, beliefs and code of ethics. Please sign below to express your understanding and acceptance.

Signature: _____ Date: _____

IPA ANNUAL DUES INVESTMENT:

Professional Member Dues: \$100.00

Please make me a member of the Illinois affiliate of the Association for Supervision and Curriculum Development (ASCD) for \$39.

IPA Dues:	\$ _____
National Dues:	\$ _____
IL ASCD Dues:	\$ _____
TOTAL:	\$ _____

Note: Overpayments will be considered a contribution to the Illinois Principals Foundation. Thank You

IMPORTANT INFORMATION:

Please indicate where you would like your materials sent: Home Workplace

How did you hear about IPA?

- Mailing Another Administrator
- Region Meeting Workshop
- State Meeting Superintendent
- Other _____



Recruited by: _____

Note: IPA dues are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of Association lobbying activities. The Illinois Principals Association estimates that the nondeductible portion of your dues allocable to lobbying is 5 percent. Dues are for a 12-month period.

METHOD OF PAYMENT

Check is enclosed (made payable to Illinois Principals Association)

Purchase Order #: _____

Credit Card Master Card  VISA 

Card Number: _____ Expiration Date: _____

Signature: _____

(09/09)

NASSP / NAESP

NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

Educator \$ 79.00
(students, teachers, professors or parents)

*Available only to individuals who have held membership in NASSP for 5 years and have retired.

NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS

Associate \$115.00

NATIONAL MEMBERSHIP ENROLLMENT FORM

CHECK ONE NEW RENEWAL

You are encouraged to submit your national dues to the Illinois Principals Association office. The IPA receives a rebate from both national associations on each membership received and processed in the office. Please make checks payable to IPA, and forward both check and this completed enrollment form to the IPA office, 2940 Baker Drive, Springfield, Illinois 62703.

Name: _____ Title: _____

School: _____

School Address: _____ Street _____ City _____ Zip _____

School Phone: _____ School Fax: _____

Note: Please return entire form with payment information for proper credit.