



# RETIRED MEMBERSHIP ENROLLMENT FORM

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

Former School: \_\_\_\_\_ Former Job Title: \_\_\_\_\_

\*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:

Dues schedule: \$75.00

Retired Membership shall be available to individuals retired from the profession of school administrator, and at the time of such retirement was an active member. Upon receipt of dues, a retired member will receive the monthly topical and newsletter publications, professional and personal workshops/conferences and legislative representation. The Return of Dues Program remains in effect.

<b>IPA Dues:</b>	\$ _____
<b>National Dues:</b>	\$ _____
<b>TOTAL:</b>	\$ _____

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

### IMPORTANT INFORMATION:

Do you wish to be on the Retired Administrators Listserv?  Yes  No

Do you wish to be on the General Listserv?  Yes  No

Would you like to receive the Alliance Legislative Report?  Yes  No

### METHOD OF PAYMENT

Check is enclosed (made payable to Illinois Principals Association )

Purchase Order #: \_\_\_\_\_

Credit Card  Master Card   VISA 

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*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.*

(5/08)

## NASSP / NAESP

### NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

Retired ..... \$ 46.00  
(former "individual" member)

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

### NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS

Retired ..... \$ 55.00  
 Emeritus ..... \$108.00

## 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: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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