



ASSOCIATE MEMBERSHIP ENROLLMENT FORM

Please carefully print or type. The information provided may be reproduced for the IPA membership. Please e-mail your organization's logo to pam@ilprincipals.org to be used on our website.

Associate Member Annual Dues - \$350

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

Name: _____ Title: _____

Address: _____
Street Suite
P.O. Box County
City State Zip

Business Phone: _____ Cell Phone: _____ *Fax: _____

*E-mail Address: _____ Website: _____

Product/Service Description (20 words or less): _____

Category of Product/Service (i.e. Technology, Publishing, Fundraising, etc.) _____

Recruited By: _____

Please note: The name of the Illinois Principals Association cannot be used on any correspondence or in any fashion without the written consent of the Executive Director.

*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: _____

METHOD OF PAYMENT

Credit Card (check one) Master Card VISA

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

Check is enclosed (made payable to Illinois Principals Association) Check Number: _____

Purchase Order #: _____ 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. (1/08)