



Corporate Member Enrollment Form

Please Note: The information you provide will be published in the *Education Marketplace* and on the IPA website.

New Member Renewal

Organization Name: _____ Website: _____

Name of Primary Contact: _____ Title: _____
(Primary contact will be listed in the *Education Marketplace*, IPA website and will receive all IPA correspondence.)

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Phone: _____ *Fax: _____ *E-Mail: _____

How did you hear of the Illinois Principals Association? Website Mailing School Administrator: _____
(Name)

Product/Service Category

Please check the one category that defines your products or services best. (You will be listed in Miscellaneous if no category is indicated.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Alarm & Security Systems | <input type="checkbox"/> Computers & Software | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Curriculum | <input type="checkbox"/> Publishers & Text Books |
| <input type="checkbox"/> Associations & Government | <input type="checkbox"/> Financial Consulting/Investments | <input type="checkbox"/> Signs/Posters |
| <input type="checkbox"/> Athletic Equipment | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teaching Aids/Materials |
| <input type="checkbox"/> Attendance Programs | <input type="checkbox"/> Furniture | <input type="checkbox"/> Testing/Assessments |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Graduation Products/Class Rings/Yearbooks | <input type="checkbox"/> Training & Consulting |
| <input type="checkbox"/> Auditorium (stadium seating, bleachers, etc) | <input type="checkbox"/> Gym & Playground Equipment | <input type="checkbox"/> Yearbooks |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Calendars/Datebooks | <input type="checkbox"/> Office Machines & School Supplies | _____ |
| <input type="checkbox"/> Communication Systems | <input type="checkbox"/> Photography | _____ |

Product or Service Description (25 words or less): _____

Annual Corporate Member Dues: \$250

(Please refer to the back side of this form for a listing of all Corporate Member benefits or contact Pam Burdine: Pam@ilprincipals.org or 217-525-1385.)

Method of Payment

Credit Card (check one) MasterCard Visa Discover American Express

Card Number: _____ Exp. Date: _____ Amount: _____

Name on card: _____ Signature: _____

Check (made payable to the Illinois Principals Association) in the amount of: _____

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%. Dues are for a 12-month period. *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, you agree to abide by the Association's Constitution and Bylaws, Mission, Vision, Beliefs and Code of Ethics. 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.

Signature: _____ Date: _____