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.)

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

Product or Service Description (25 words or less):

______________________________________________________________

☐ Annual Corporate Member Dues: $250

(Your name for listing in Education Marketplace. IPA website and will receive all IPA correspondence.)

How did you hear of the Illinois Principals Association?   ☐ Website     ☐ Mailing     ☐ School Administrator: ___________________________

(Name)

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: ___________________________

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