

**FULL-TIME PROFESSOR**  
**Membership**  
**Re-Enrollment Form/Invoice**



**Illinois Association of School Administrators**  
 2648 Beechler Court • Springfield, IL 62703-7305  
 217-753-2213 • Fax 217-753-2240

**Enroll With Your Most Current Contact Information**

Please fill out this entire section.

Salutation:  Dr.  Mr.  Ms.

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

Title: \_\_\_\_\_

College/University: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

IASA Member Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

IASA Region: \_\_\_\_\_ County: \_\_\_\_\_

▲ The above information will be used for the IASA Membership Directory and IASA record for the July 1, 2024–June 30, 2025 membership year. ▲

**IASA MEMBERSHIP DIRECTORY DEADLINE: SEPTEMBER 1, 2024**

**Additional Information**

**HOME ADDRESS AND PERSONAL INFORMATION**

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

**IASA Membership Dues must be paid by November 5, 2024 in order to maintain continuous benefits.**

IASA Membership Dues can also be paid online at [www.iasaedu.org](http://www.iasaedu.org).

<b>IASA Full-Time Professor Membership Dues for 2024–2025: (\$50)</b>	\$
<b>AASA Professor Membership Dues for 2024–2025: (\$215, optional)</b>	\$
<b>Credit card transaction fee: If paying via credit card, please add a non-refundable 3% transaction fee here:</b>	\$
<i>(Voluntary contribution)</i> <b>School Administrators Foundation for Education (SAFE): \$25 or more</b> <i>The SAFE Board of Trustees has recommended a \$25 contribution per IASA member (deductible as a charitable contribution).</i>	<i>(please include a separate personal check)</i>
<b>Total Amount Due</b>	<b>\$</b>

**Payment Method**

\_\_\_\_\_ Check/purchase order enclosed, payable to IASA      Please charge my:  Visa  MasterCard (include a non-refundable 3% transaction fee)

Card# \_\_\_\_\_ Expires \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Billing Address of Cardholder, if different from above (no PO Box numbers please):

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Return this original enrollment form/invoice along with your payment to: IASA, 2648 Beechler Court, Springfield, IL 62703-7305**

over please ►

## About IASA Full-Time Professor Membership

IASA Full-Time Professor Membership is available to full-time professors of education or educational administration at an accredited institution of higher education in Illinois.

- IASA Membership Year—July 1, 2024 to June 30, 2025.
- For federal income tax purposes, membership dues paid by individuals to the IASA are not deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of the Association's lobbying activities. IASA estimates

the non-deductible portion of your dues allocable to lobbying is 15%. IASA is exempt from federal income tax under the provisions of Section 501(c) (6) of the Internal Revenue Code.

- Please retain a copy of this invoice for your records.
- By returning this invoice I agree to receive faxes, emails and other communications from IASA.

Questions: Contact Ashleigh Knudson at 217-753-2213 or [aknudson@iasaedu.org](mailto:aknudson@iasaedu.org).