

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. IASA Member Number: _____
 Full Name: _____ Telephone: _____
 Title: _____ Cell Phone: _____
 College/University: _____ Fax: _____
 Mailing Address: _____ E-mail: _____
 City/State/ZIP: _____ IASA Region: _____ County: _____

▲ **The above information will be used for the IASA Membership Directory and IASA record for the July 1, 2023–June 30, 2024 membership year.** ▲

IASA MEMBERSHIP DIRECTORY DEADLINE: SEPTEMBER 1, 2023

If we do not receive this completed form by September 1, 2023, we will not be able to include your listing in the printed Membership Directory.

Additional Information

HOME ADDRESS AND PERSONAL INFORMATION

Home Address: _____ Home Phone: _____ Cell Phone: _____
 City/State/Zip: _____ Home E-mail: _____

Invoice

IASA Membership Dues must be paid by November 5, 2023 in order to maintain continuous benefits.

IASA Membership Dues can also be paid online at www.iasaedu.org.

IASA Full-Time Professor Membership Dues for 2023–2024: (\$50)	\$
AASA Professor Membership Dues for 2023–2024: (\$208, optional)	\$
Credit card transaction fee: <i>If paying via credit card, please add a non-refundable 3% transaction fee here:</i>	\$
<i>(Voluntary contribution)</i> School Administrators Foundation for Education (SAFE): \$25 or more <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>
Total Amount Due	\$

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, 2023 to June 30, 2024.
- 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 Misti Murphy at 217-753-2213 or mmurphy@iasaedu.org.