

ATTORNEY (SCHOOL SERVICE)
Membership
Re-Enrollment Form/Invoice



Illinois Association of School Administrators

2648 Beechler Court • Springfield, IL 62703-7305
 217-753-2213 • Fax 217-753-2240



Please read all instructions very carefully, as we have restructured our membership enrollment / invoice forms.

About IASA Attorney School Service Membership

School Service Membership shall be available to manufacturers and distributors of school materials, supplies and equipment; architects; legal firms; to publishers of school textbooks and related materials; and to other such businesses providing services to Illinois schools.

- IASA Membership Year—July 1, 2020 to June 30, 2021.
- 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.

Enroll With Your Most Current Contact Information

Is all your information on the reverse side still correct? YES NO

If NO, then even if you have already paid your FY 2021 dues, you must fill out the information in this section:

New Member Re-Enrolling

IASA Member Number: _____

Contact Attorney Name/Title: _____

Firm Name: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: _____

Fax: _____

E-mail: _____

Area(s) of Expertise

please check as many as apply for the above location:

- | | |
|---|--|
| <input type="checkbox"/> Board Governance/OMA/FOIA | <input type="checkbox"/> Labor/Personnel |
| <input type="checkbox"/> Budgets And Levies | <input type="checkbox"/> Policies And Procedures |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> School Finance |
| <input type="checkbox"/> Consolidation/Reorganization | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Election Law/Tax Objections | <input type="checkbox"/> Student Discipline/Student Rights |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Tax |
| <input type="checkbox"/> General School And Municipal | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> ESSA | |

Additional locations and their particular expertise must be listed on back ►

DIRECTORY DEADLINE: AUGUST 1, 2020

This information will be used for the IASA Membership Directory and IASA record for the July 1, 2020-June 30, 2021 membership year.

If we do not receive this information by August 1, 2020, we will not be able to include your listing in the Membership Directory.

Invoice

IASA Membership Dues must be paid by November 9, 2020 in order to maintain continuous benefits.

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

IASA Atty. School Service Membership Dues for 2020-2021 <i>(\$475 for first attorney contact) Additional office locations will be included in membership directory at no additional fee.</i>	\$
--	----

<i>However, for an additional fee of \$200 per attorney, we will also identify the contact name for each location (\$200 per additional attorney contact)</i>	\$
---	----

Please see the reverse side of this invoice to list additional attorneys ►

Credit card transaction fee <i>If paying via credit card, please add a non-refundable 3% transaction fee here:</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 _____

Please see the reverse side of this invoice to list additional attorneys with your firm &/or additional locations ►

Additional Locations for Your Firm *(free of charge)* / **Additional Attorney Contacts** *(\$200.00 each)*

PLEASE TYPE OR PRINT CLEARLY:

If your firm has more than four locations, please duplicate this form.

Contact Attorney Name/Title: _____

Street Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

Area(s) of Expertise: *(please check one or more of the following that apply for this location):*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Board Governance/OMA/FOIA | <input type="checkbox"/> Election Law/Tax Objections | <input type="checkbox"/> Policies And Procedures | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Budgets And Levies | <input type="checkbox"/> General School And Municipal | <input type="checkbox"/> School Finance | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> ESSA | <input type="checkbox"/> Special Education | _____ |
| <input type="checkbox"/> Consolidation/Reorganization | <input type="checkbox"/> Labor/Personnel | <input type="checkbox"/> Student Discipline/Student Rights | _____ |

Contact Attorney Name/Title: _____

Street Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

Area(s) of Expertise: *(please check one or more of the following that apply for this location):*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Board Governance/OMA/FOIA | <input type="checkbox"/> Election Law/Tax Objections | <input type="checkbox"/> Policies And Procedures | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Budgets And Levies | <input type="checkbox"/> General School And Municipal | <input type="checkbox"/> School Finance | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> ESSA | <input type="checkbox"/> Special Education | _____ |
| <input type="checkbox"/> Consolidation/Reorganization | <input type="checkbox"/> Labor/Personnel | <input type="checkbox"/> Student Discipline/Student Rights | _____ |

Contact Attorney Name/Title: _____

Street Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

Area(s) of Expertise: *(please check one or more of the following that apply for this location):*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Board Governance/OMA/FOIA | <input type="checkbox"/> Election Law/Tax Objections | <input type="checkbox"/> Policies And Procedures | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Budgets And Levies | <input type="checkbox"/> General School And Municipal | <input type="checkbox"/> School Finance | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> ESSA | <input type="checkbox"/> Special Education | _____ |
| <input type="checkbox"/> Consolidation/Reorganization | <input type="checkbox"/> Labor/Personnel | <input type="checkbox"/> Student Discipline/Student Rights | _____ |