

## **IASB Affiliate Membership Application**

Name of Education Agency:	
Address:	
Name of Director/CEO/Superintendent:	
Phone Number:	
Email Address:	
Members of the Governing Board:	
Affiliate Membership in the Illinois Association of School B any educational service agency authorized by the Illinois Sc application to the Executive Director and the payment of d	chool Code upon written
Dues in the amount of \$575 are required. Membership runs	through the Fiscal Year, July 1-June 30.
Affiliate member privileges include: eligibility to attend the an regular member fees; access to appropriate board training serv to purchase policy services, if appropriate, at adjusted fees; access to participation in IASB sponsored	ices, if available, at adjusted fees; eligibility cess to Association publications at regular
Affiliate membership <b>does not</b> include membership in the I of holding elective office in the Association.	ASB Delegate Assembly or the privilege
	Date