

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 Sch governing board of any educational service agency autho Code upon written application to the Executive Director an	orized by the Illinois School
Dues in the amount of \$550 are required. Membership r July 1 - June 30.	runs through the fiscal year,
Affiliate member privileges include: eligibility to attend division meetings at regular member fees; access to approp if available, at adjusted fees; eligibility to purchase policy adjusted fees; access to association publications at regular participation in IASB sponsored programs.	riate board training services, y services, if appropriate, at
Affiliate membership <u>does</u> <u>not</u> include membership in the last the privilege of holding elective office in the association.	IASB Delegate Assembly or
Signature of Director/CEO/Superintendent	Date