ILACEP Annual Individual Membership Application

Application Type – Please circle one:

New Member Membership Renewal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization/Individual Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | ZIP: |  |

* **Individual ($25 each member per year):** Any non-profit organization, government entity or individual, not currently employed by an Institution of Higher Education, who supports the mission of ILACEP and concurrent enrollment.

Member 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Position: |  | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

Member 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Position: |  | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

Member 3:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Position: |  | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

**Additional members can be added for $10 per year per member**

Additional Member 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Position: |  | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

Additional Member 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Position: |  | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

**Please make checks payable to ILACEP and mail with a copy of this application to:**

Illinois Alliance of Concurrent Enrollment Partnerships

c/o Scott Wernsman, Treasurer

John A. Logan College

700 Logan College Road

Carterville, IL 62918