ILACEP Annual Institutional Membership Application

Application Type – Please circle one:

 New Member Membership Renewal

|  |  |
| --- | --- |
| Institution Name: |   |
| Address: |   |
| City: |   | State: |   | ZIP: |   |

* **Institutional/Post-Secondary ($50 per year):** Any public/private post-secondary institution that supports the mission of ILACEP and concurrent enrollment. Membership benefits include:
	+ Right to vote (one vote per institution)
	+ Right to hold office, serve as committee chairs or members
	+ Right to attend ILACEP sponsored activities
	+ Three members per membership (additional members can be added for $10 per year per member)

Member 1/Designated Voting Member:

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

Member 2/Alternate Voting Member:

|  |  |  |  |
| --- | --- | --- | --- |
| 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