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