



# ASSOCIATE MEMBERSHIP FORM

**CONTACT  
INFORMATION**  
(if joining as a  
business, list the  
primary contact)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone type (check one)  Cell  Landline  Work

Email type: Personal \_\_\_\_\_ Work \_\_\_\_\_

**I am a(n):**

- Parent  Student  Business  Community Member  Elected Official  
Non-Education Major/  
Secondary Education

**LEADERSHIP  
POSITION  
HELD**  
(if any)

Local \_\_\_\_\_  State \_\_\_\_\_  National \_\_\_\_\_

**MEMBERSHIP  
INFORMATION**

- New Member  
 Renewing Member

**PAYMENT  
INFORMATION**

Enclosed are annual dues of \$50.00.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I affirm that I am not currently employed by a public or private school, college, or university as an educator or education support professional working in a job title represented by an Illinois Education Association (IEA) local affiliate who is eligible to hold an IEA Active Membership or eligible to hold another category of membership in IEA—Reserve, Retired, Student.
- Yes, I am interested in advancing the cause of public education and wish to become an Associate member of the IEA, I hereby request and voluntarily accept membership and agree to abide by the mission, vision and core values of the IEA.
- I understand that as part of my Associate membership, I will occasionally receive select electronic IEA communications, invitations to select IEA sponsored professional development, notification of opportunities to create partnerships with locals and the IEA, and notifications regarding membership renewal via email or SMS (message and data rates may apply). I understand IEA will not sell or distribute my email to a third party at any time. I understand that if after signing up I wish to change my communication preferences, I may do so by contacting IEA Connect at 1-844-432-1800 or IEAConnect@ieanea.org.
- I understand that my payment of membership dues is for the current membership year (September 1- August 31). I understand that I am not entitled to any refund of membership dues once paid.

**Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?**

- Social and Racial Justice  
 Economic Justice  
 Interests/Issues  
 Fully-Funded Schools  
 Conditions in the Workplace  
 Education Policy  
 Political Advocacy  
(advocate for policies that ensure all students get the opportunities they deserve)

**For Internal Use Only**

Membership Year \_\_\_\_\_

**IPACE Statement:** IPACE, the Illinois Political Action Committee for Education, is the Illinois Education Association's Political Action Committee. Contributions to IPACE are voluntary and not required as a condition of employment or membership in any organization. If you wish to make a contribution to IPACE, please send a check made payable to Illinois Political Action Committee for Education to 100 E. Edwards Street, Springfield, Illinois 62704-1999.

**IEA Foundation Statement:** The IEA Foundation is a charitable arm of the Illinois Education Association. Tax deductible contributions to the foundation support educators and programs. If you wish to make a contribution to the IEA Foundation, please send a check made payable to IEA Foundation, 100 E. Edwards Street, Springfield, Illinois 62704-1999.

**Please make check payable to Illinois Education Association and mail to:**

**IEA**  
**Attn. Membership Processing**  
**100 East Edwards Street**  
**Springfield, IL 62704-1999**

**Note:** Only checks and money orders are acceptable payments made through the mail. **Please do not send cash.** Please make a copy of this form for your records before mailing. If you have additional questions please call IEA Connect at 844-432-1800.