

Membership Form

Enclosed are dues of \$20.00 for Illinois Administrative Professionals for the fiscal year. Retirees that have been active in previous consecutive years may sign up without paying the \$20.00 fee. Memberships run from July 1—June 30.

Name		Birthday (optional) MM/DD/
Title		
University Hire Date (option	onal) MM/DD/YY/	
Department/Unit		
Campus Address		MC
Email		Phone
Name of Supervisor		
Gift membership given by		
☐ Check here if you would	d prefer for your information to NC	OT be included in the IAP Directory.
I would be willing to serve	on the following committees (circ	cle all that apply):
Bylaws-Parliamentarian	Auditing	Membership & Mentoring
Communications	Scholarship	Program/Events
Philanthropy Fundraising	Nominations & Elections	Special Events

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