

ASSOCIATION OF ILLINOIS RURAL AND SMALL SCHOOLS

MEMBERSHIP APPLICATION

2009-2010 INVOICE

Please enter the information in the box. Use the tab key to move to the next entry.

Dr. Mr. Mrs. Ms. Name: Position:

School:

Address:

City: IL Zip: E-mail:

Area Code Phone: Fax:

Membership Category (Point and click on the category)

A. <input type="checkbox"/>	Institutional – AIRSS	\$150.00
B. <input type="checkbox"/>	Institutional – Dual (AIRSS & NREA)	\$375.00
C. <input type="checkbox"/>	Individual	\$50.00
D. <input type="checkbox"/>	Individual – Dual (AIRSS & NREA)	\$135.00
E. <input type="checkbox"/>	Retired or Student	\$25.00

Total enclosed: \$

Make all checks payable to: AIRSS

Send to: Steven Breckon
2656 N. Hwy 94 P.O. Box 340
LaHarpe, IL 61450
email: sbreckon@winco.net

The association encourages joining as a Dual Institutional member for \$375.00. The district will become a member of the National Rural Education Association as well as Association of Illinois Rural and Small Schools. This will help in our lobbying efforts for REAP and other State and Federal Grants for Illinois schools. Complete the information below if you are joining NREA.

NREA INFORMATION (Include information for two individuals)

Name:

Title:

School:

Address:

City: IL Zip: Phone: (Include Area Code)

E-mail:

Name:

Title:

School:

Address:

City: IL Zip: Phone: (Include Area Code)

Email: