

ASSOCIATION OF ILLINOIS RURAL AND SMALL SCHOOLS

MEMBERSHIP APPLICATION

2004-2005 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: Robert G. Rogers
 219 North Branch Street
 Bluffs, IL 62621

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: