



INDIVIDUAL MEMBERSHIP RENEWAL FORM

Date of Application: _____

Year you originally joined IAN: _____

Your Individual Membership to the Illinois AfterSchool Network is about to expire. You may maintain your current membership status by completing and resubmitting this Membership Renewal Form. Please visit www.ianetwork.org for a complete list of membership benefits.

Below is the information the IAN office has on file regarding your membership. If your contact information is incorrect please indicate the appropriate updates below.

Last Name, First Name: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

E-Mail Address: pam@ccrrn.com

I wish to renew my membership as: Professional- \$75

Organization Type (check all that apply):

- Child Development Center Youth-serving Organization (YMCA/YWCA, Boys & Girls Clubs, etc.)
 School Church/ Religious Organization Family Child Care CCR&R
 Private, not for profit agency Private, for profit Military Other:

Funding Sources (check all that apply)

- CCAP 21st Century CLC Teen Reach Fees Other:

of children and youth served by your agency: _____

Your position:

- Program Administrator/Director/Coordinator Trainer/Consultant/Curriculum Specialist Private, for profit
 College Instructor/Professor/Researcher After school/Youth Worker (Program Staff (work directly /children)
 Parent Other: _____
 Principal Teacher/school personnel

Which Afterschool care issues are of most interest to you? (check all that apply)

- Public Policy Resource Development Conference Professional Development
 Membership Program Accreditation Governance Leadership Development

Signature: _____

Date: _____

Please submit form to IAN
2201 Toronto Road, Suite 219
Springfield, IL 62712

New membership cards will be mailed out within 10 business days of receipt of this form and payment.

Office Use:

Check #: _____

Date: _____

Amount: _____