



# PROFESSIONAL LEVEL MEMBERSHIP

Last Name, First Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Where would you like your voting rights?  Work County: \_\_\_\_\_  Home County: \_\_\_\_\_

**Agency Type (check all that apply):**

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

- Agency Administrator/Director
- Program Staff
- Parent
- Trainer/Consultant/Curriculum Specialist
- Program Coordinator/Director/Supervisor
- College Instructor/Professor/Researcher
- Principal/Teacher/School Personnel
- Other: \_\_\_\_\_

**Membership history:**

- New Member
- Renewing Member / Year you joined IAN: \_\_\_\_\_

**Professional Level Membership Fee: \$50**

Memberships must be renewed annually. Membership prices are subject to change.

I wish to pay by check. Remit payment to:

Illinois AfterSchool Network (IAN)  
2201 Toronto Road, Suite 219  
Springfield, IL 62712

I wish to pay by credit card

Submit the form, and Illinois After School Network will contact you for credit card payment processing.

<b>Office Use Only</b> Check #: _____ Amount: _____ Date: _____ Region: _____
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