



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: \$75

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

Remit payment to:

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

Office Use Only	Check #: _____	_____
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