



Associate Membership Application

Non-voting membership

Date: _____

Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)

Name of Applicant _____ Title _____

Name of Organization _____

Physical Street Address _____ City/State/Zip _____

Invoicing Address _____ City/State/Zip _____

Phone _____ Alternate Phone _____ Fax _____

Email _____ Website _____

Required documents to be submitted

- Associate Membership Application
- Supporting literature, which defines the nature of the applicant's business.

Please mail all required documents to: Illinois Press Association · 900 Community Drive · Springfield, IL · 62703

Dues Payment

An Associate Membership is \$300.00 per calendar year. On IPA President & CEO approval, a dues invoice will be sent out. Upon receipt of payment, new member will be notified of active status and receive new member information.

Ownership Information

Name (as shown on income tax return) _____

Corporate Address _____

City/State/Zip _____ Corporate Phone _____

Check appropriate box for federal tax classification.

Individual/sole proprietor or single member LLC C Corporation S Corporation

Partnership Limited liability company Other _____

Suspend/Expel membership

The Association reserves the right to suspend or expel a member for behavior contrary to its By-Laws as determined by the Board of Directors.

Contact Information

Primary Contact:

Name _____

Email _____ Phone _____

President/CEO:

Name _____

Email _____ Phone _____

OTHER

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____