INSTITUTIONAL MEMBERSHIP FORM
2014 – 2015*

INVOICE 201415

AMOUNT DUE: $350.00

(IMACC Tax I.D. #: 371127733)

ENTER AMOUNT: ___________________

DATE: __________

SIGNED: __________________________________________________ TITLE: __________________

Make check payable to IMACC

c/o Steve Kifowit
Prairie State College
202 S. Halsted St.
Chicago Heights, IL 60411

IMACC Institutional Members may send
one institutional representative to the
annual IMACC meeting free of charge
(not including transportation.)

PLEASE COMPLETE THE FOLLOWING INFORMATION

| Institution ____________________________________ | President ____________________________ |
| Address _________________________________________ | Vice-President ______________________ |
| ________________________________________________ | or Dean of Academic Affairs ___________ |
| City ___________ State _____ Zip _____________ | Contact Person Information: |
| Phone _________________________________________ | Title and Name ______________________ |
| | Phone ____________________________ |
| | E-mail ___________________________ |

* IMACC’s membership year begins July 1, 2014 and ends June 30, 2015. Annual dues must be paid by March 1, 2015 in order to receive the complimentary conference registration for the institutional representative.