

# IHEAA

Illinois Higher Education Art Association

## INVOICE

Employer Identification Number: 80-0876276

Institutional Annual Membership Dues - \$50.00

Individual Annual Membership Dues - \$20.00

Total Amount Enclosed

**PLEASE REMIT BY OCTOBER 1ST**

Date: \_\_\_\_\_ (Dues apply to the academic / fiscal year)

Name of Institution / Individual \_\_\_\_\_

Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Art Department Chair's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Link to your faculty list on-line \_\_\_\_\_

Category: Two-Year Institution \_\_\_\_\_ Four-Year Institution \_\_\_\_\_

Degrees offered by your institution: (please check all that apply)

\_\_\_\_ AA      \_\_\_\_ AFA

\_\_\_\_ BA      \_\_\_\_ BS      \_\_\_\_ BFA

\_\_\_\_ MA      \_\_\_\_ MS      \_\_\_\_ MFA      \_\_\_\_ Ed. D

Please enclose a check payable to the Illinois Higher Education Art Association.

Send to: IHEAA  
% Veda Rives Aukerman, Secretary / Treasurer  
14 Lateer Drive  
Normal, IL 61761

Note: NEW ADDRESS 2017