

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

% Dr. Patricia Belleville, Secretary / Note: New Treasurer

Department of Art

600 Lincoln Ave

Charleston, IL 61761