

IHEAA

Illinois Higher Education Art Association

INVOICE

Employer Identification Number: 37-1261740

Institutional Annual Membership Dues - \$50.00

Individual Annual Membership Dues - \$15.00

Total Amount Enclosed

Date: _____

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: Veda Rives, IHEAA Secretary / Treasurer
Campus Box 5620, School of Art
Illinois State University
Normal, IL 61790-5620