

# IHEAA

Illinois Higher Education Art Association

## INVOICE

Employer Identification Number: 37-1261740

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, Secretary / Treasurer  
                  302 Grandview Drive  
                  Normal, IL 61761