

# 6.5

## APPLICATION FOR PROFESSIONAL MEMBERSHIP

Illinois Association of SkillsUSA

This membership application will expedite processing of membership for those persons not directly affiliated with a SkillsUSA chapter.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ FAX: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Check One:  New Membership  Renewal Membership

### Annual Membership Dues for the Year

	National Dues	State Dues	Total
PROFESSIONAL	\$14.00	\$12.00	\$26.00
		Amount Submitted	

I hereby apply for Professional Membership:

\_\_\_\_\_  
Applicant Signature                      Date                      State Director Signature                      Date

**MAILING INSTRUCTIONS:** The individual submitting this form should retain a copy **AND** mail 1 copy to Illinois SkillsUSA, P.O. Box 15, Mokena, IL, 60448-0015, along with their payment. For questions phone: (708)479-8422