

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	\$13.00	\$10.00	\$23.00
		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