

ILLINOIS ASSOCIATION OF PRIVATE SPECIAL EDUCATION CENTERS

MEMBERSHIP APPLICATION

2011-2012 School Year

Agency Name _____

Address: _____

City _____ State _____ Zip Code _____

Web Address: _____

Contact Person _____

Phone: _____

Fax: _____

E-mail Address: _____

Additional Contact Person _____

Phone: _____

Fax: _____

E-mail Address: _____

Annual school budget:

Above \$8,000,000 = \$5,500

\$4,000,000-7,999,999 = \$4,500

\$2,000,000-3,999,999 = \$3,000

\$1,000,000-1,999,999 = \$1,500

\$300,000 - \$1,000,000 = \$750

Under \$300,000= \$300

Dues enclosed: _____

Please make checks payable to IAPSEC and mail to Treasurer:

Doug Brandow
IAPSEC
463 S. Harvard Avenue
Villa Park, IL 60181