**THE HONORS COUNCIL OF THE ILLINOIS REGION**

**Membership Application and Invoice**

HCIR dues cover one calendar year and are due by December 31. Monies collected are applied towards student research grants, conference expenses for the HCIR Student Symposium in February, the Honors Director Professional Development Fund and HCIR operational expenses. In order to participate in the HCIR Student Symposium, dues must be paid by the symposium date in February.

Please submit this form with your check.

We wish to join or renew membership in the HCIR for **calendar year \_\_\_\_\_\_\_\_**.

**\*NEW MEMBER!** We wish to join the HCIR for $25. **\_\_\_\_\_\_\_\_**.

**REGULAR MEMBER!** We wish to join the HCIR for $50. **\_\_\_\_\_\_\_\_**.

**SUSTAINER MEMBER!** We wish to join the HCIR for $100. **\_\_\_\_\_\_\_\_**.

**\***New members are defined as institutions that have never paid dues before or had 5 or more years of inactivity.

**Main Contact:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PROGRAM OR COLLEGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Contacts:**

NAME(S), TITLE(S) and EMAIL(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contacts will be added to the HCIR email listserve (which is only used for HCIR business) and also to the Member List posted on the website. )

***Dues may be paid by check.***

Make checks payable to: **Honors Council of the Illinois Region**

Mail to: Raymond Kowalczyk

 Attn: HCIR Dues

 1 College Drive

 East Peoria, IL 61635 HCIR Tax Exempt #37-1321677