

**LAW FIRM**  
**Membership**  
**Re-Enrollment Form/Invoice**



**Illinois Association of School Administrators**  
 2648 Beechler Court • Springfield, IL 62703-7305  
 217-753-2213 • Fax 217-753-2240

**Enroll With Your Most Current Contact Information**

Please fill out this entire section.

☐ New Member ☐ Re-Enrolling

Contact Attorney Name/Title: \_\_\_\_\_

IASA Member Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

On the line below, list your firm's specialties if additional to or different from K-12 school law:

\_\_\_\_\_

▲ The above information will be used for the IASA Membership Directory and IASA record for the July 1, 2026-June 30, 2027 membership year. ▲

**IASA MEMBERSHIP DIRECTORY DEADLINE: AUGUST 15, 2026**

**IASA Membership Dues must be paid by November 5, 2026 in order to maintain continuous benefits.**

IASA Membership Dues can also be paid online at [www.iasaedu.org](http://www.iasaedu.org).

**IASA Law Firm Membership Dues for 2026-2027**  
 (\$475 for first attorney contact)

\$

\$200 per additional attorney contact

Please see the reverse side of this invoice to list additional attorneys ►

\$

**Credit card transaction fee**

If paying via credit card, please add a non-refundable 3% transaction fee here:

\$

**Total Amount Due**

\$

**Payment Method**

\_\_\_\_\_ Check/purchase order enclosed, payable to IASA Please charge my ☐ Visa ☐ MasterCard (include a non-refundable 3% transaction fee)

Card# \_\_\_\_\_ Expires \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Billing Address of Cardholder, if different from above (no PO Box numbers please):

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please see the reverse side of this invoice to list additional attorneys with your firm ►

**Return this original enrollment form/invoice along with payment to: IASA, 2648 Beechler Court, Springfield, IL 62703-7305**

## About IASA Law Firm Membership

Law Firm Membership shall be available to manufacturers and distributors of school materials, supplies and equipment; architects; legal firms; to publishers of school textbooks and related materials; and to other such businesses providing services to Illinois schools.

- IASA Membership Year—July 1, 2026 to June 30, 2027.
- For federal income tax purposes, membership dues paid by individuals to the IASA are not deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses subject to restrictions

imposed as a result of the Association's lobbying activities. IASA estimates the non-deductible portion of your dues allocable to lobbying is 15%. IASA is exempt from federal income tax under the provisions of Section 501(c) (6) of the Internal Revenue Code.

- Please retain a copy of this invoice for your records.
- By returning this invoice I agree to receive faxes, emails and other communications from IASA.

Questions: Contact Ashleigh Knudson at 217-753-2213 or [aknudson@iasaedu.org](mailto:aknudson@iasaedu.org).

## Additional Attorney Contacts (\$200.00 each)

PLEASE TYPE OR PRINT CLEARLY:

**Contact Attorney Name/Title:** \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Attorney Name/Title:** \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Attorney Name/Title:** \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Attorney Name/Title:** \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact Attorney Name/Title:** \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_