

**ILLINOIS COALITION FOR ADAPTED PHYSICAL EDUCATION (ICAPE)**

**MEMBERSHIP FORM**

<u>Membership Categories</u>	<u>Annual Dues</u>
Professional Member	\$20.00
Student Member	\$5.00
Associate Member	N/C

Membership extends from November 30, 2006 - November 30, 2007

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Employer Name/Location: \_\_\_\_\_

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

(Student) Faculty Advisor Signature: \_\_\_\_\_

Specifications of Membership:

Professional Membership: University and public/private educators or any other educational professional who is employed full-time.

Student Membership: Active students in any of the colleges or universities throughout the state of Illinois are eligible for membership in this category (full-time or part-time).

Associate Membership: Parents/guardians, advocate groups, or other organizations or individuals who have demonstrated their commitment to quality physical education programs for students with disabilities are eligible for this membership category. Professional physical educators and active students are not eligible for this membership category. Dues are waived. Contributions are accepted!

*Send dues and completed form to current ICAPE Treasurer!*