



2015-2016 Educational Partner Membership Form

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE ADDRESS BELOW.

Partner Name: _____

Partner Address: _____
Street

City State Zip

Partner Phone: _____

Partner Fax: _____

Cell Phone: _____

Email Address: _____

Web Address: _____

Contact Name: _____
Name of Person Enrolling Educational Partnership

FEES: \$75.00 (Make checks payable to IGSMA)

**Return to: Edward Jones
IGSMA Executive Secretary-Treasurer
2315 Hemlock St.
Joliet, IL 60435**