



Individual Membership Application

Membership is for one year (October 1st- September 31st)

Please check the appropriate membership box

- Faculty/Professional membership (\$25 membership fee)
- Graduate Student Membership (\$10 membership fee)

___ I am a new ILACADA member ___ I am a returning ILACADA member

First Name: _____ Last Name: _____ Date: _____

Email Address: _____ Institution: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Day Phone: _____ Alternate Phone: _____

May we include your name, institution, title and email address
in our member listing on our webpage and in other publications? ___ Yes ___ No

Please complete the demographic information below

Role	Highest Degree	Years Advising
Academic Advisor/ Counselor	Bachelor	Less than 1 year
Advising Administrator	Master's	1-3 years
Faculty Advisor	Doctorate	3-5 years
Graduate Student		5-10 years
Other: please list _____	Other: please list _____	10-15 years
		15 years or more
Areas of Advising (circle all that apply)		ILACADA committees (circle all that you are interested in)
Administration	Education	Law
Agriculture	Engineering	Natural Sciences
Allied Health Medicine	Fine Arts	Pharmacy
Architecture	General Arts/Sciences	Social Sciences
Business	Health/Human Services	Undecided/Exploratory
Computer Science	Humanities	Other (please list) _____
		Awards, Scholarships, Grants Committee
		Chicago Area Advisor Network Committee
		Communications Committee
		Constitution Committee
		Membership & Elections Committee
		Professional Development Committee
		Southern Illinois Regional Advisor Network Committee

Please mail completed applications with check payable to ILACADA to: 1603 W Taylor St. 682 SPHPI (MC 923) Chicago, IL 60612