

Idaho Lifelong Learning Association Membership Application

Membership Benefits Include:

- ILLA Newsletter a quarterly publication highlighting Lifelong Learning
- Professional workshops
- Annual conference
- Member only Scholarships
- Professional Development Grants
- Access to Members Only area of www.idlla.org

Name: _____

Organization Affiliation: _____ **Title:** _____

Business Phone: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Fax:** _____ **Home Phone:** _____

Membership Interest:
(select only one)

Adult Literacy

Higher Education/Industry

Family Literacy

Community Education

Continuing Education/Short-Term Training

Industry & Training

Membership Dues:
(select one)

Individual 1 year Membership (Oct - Sept)

\$15.00

Institutional Membership 1 year (Oct - Sept)

\$50.00

Individual Lifetime

\$100.00

Total Enclosed \$ _____

I **Do Not** want my name and address in the Members Only section of the ILLA Web site

Mail Form & Check To:

ILLA / Janna Graham
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