



Application For Membership

Full Name: _____ Home Phone Number: _____

Alternate Phone Number: _____

Mailing Address: _____

City/State _____ Zip Code: _____ E-mail(UH): _____

Are you employed? If so, how many hours per week do you work? _____

Do you have any skills the IGAEA might find useful? Explain.: _____

Disclaimer

In joining the International Graphic Arts Education Association at the University of Houston the applicant agrees to the following:

- Pay membership dues of \$20 per semester to the Treasurer in a timely manner.
- Participate in the required number of meetings as outlined in the bylaws.
- Be an active member in the participation of IGAEA functions.
- Abide by all the IGAEA rules and regulations as outlined in the bylaws.
- In extreme cases, memberships can be revoked by a majority vote of the IGAEA Officers.

By signing this document, I certify that I have read and agree to the terms for membership into the International Graphic Arts Education Association.

Applicant Signature: _____ Date: _____

Application Approval _____ Date: _____