



**Illinois Association of Student Councils  
2018-2019 Affiliation Renewal Invoice  
for the 2018-2019 School Year**

Your school's certificate and advisor membership card will be printed and mailed from the information below. Your district dues will be paid directly to your district treasurer upon receipt.

Please correct any information below that is incorrect or outdated. Please fill in any blanks that have been left empty. **RETURN WITH PAYMENT.**

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**School Name:**

**School Street Address:**

**City:**

**State:**

**Zip Code:**

**Student Council Advisor Name:**

**Advisor E-Mail Address:**

**School's Principal Name:**

**School Phone Number:**

**School Fax Number:**

**2018-2019 Student Council President's Name:** \_\_\_\_\_

**IASC District:**

**AMOUNT DUE: \$75.00**

Please make all checks payable to the **IASC** and send to:

**Collinsville High School  
Attention: Kyle Gordon  
2201 South Morrison Avenue  
Collinsville, Illinois 62234**