



**Application for Annual AIMS
Network Membership**
August, 2020 – August, 2021
\$300 Annual Fee

Name of School:	
Street Address:	
City:	
Zip Code:	
Tel. No.	
Principal's Name and email address.	
Name/email of Individual Membership #1	
Name/email of Individual Membership #2	

Name of District:	
Address of District if different from above:	
PO# for \$300 Network Fee:	PO#:

**Please fill out renewal form and mail to AIMS
3712 N. Broadway, Suite 180. Chicago, Il. 60613
or renew online.**

Payment made with:

- Credit Card (<https://aimsnetwork.org/membership>)
- Check
- PO#