

# **Non-Member Affiliate Mutual Aid Agreement Signature Sheet Instructions**

- Please complete the Non-Member Affiliate Mutual Aid Agreement signature sheet as shown in this exemplar below.
- Once you have signed, please forward the original entire Agreement to ILEAS at:
  - Attention - Angela Page
  - 1701 E. Main Street
  - Urbana, Illinois 61802
- ILEAS will countersign the Agreement and return an executed and completed copy to you.

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Approved By:

Non-Member Affiliate Name (printed): **Anywhere Illinois University**

Address: **123 N. Main St.**  
**Hometown, Illinois 60000**

BY: \_\_\_\_\_  
Signature Date

Printed Name: **PRINT NAME HERE OF SIGNATORY ABOVE**

Title: **PRINT TITLE OF SIGNATORY**

Illinois Law Enforcement Alarm System for all Signatory Public Agencies under the LEMAA  
1701 E. Main St.  
Urbana IL 61802

BY: \_\_\_\_\_  
Signature Date

Printed Name: **JAMES PAGE**

Title: **EXECUTIVE DIRECTOR**