



ISSMA, Inc.
Institutional Membership Application / Invoice
(Academic Year 2008 - 2009)

I am hereby requesting that _____ become an institutional member of the Indiana State School Music Association, Inc.
(School Name - Typed or Printed)

(In order for our students to be eligible to participate in ISSMA, Inc. sponsored activities, I am enclosing the annual membership fee that corresponds to our school's enrollment classification with this membership application.)

Table with 3 columns for enrollment classification and fee. Row 1: K-12, 7 & 8, K-5. Row 2: 6-12, 6-8, K-6. Row 3: 7-12, 5-8. Row 4: 9-12 \$130.00, K-8 \$90.00, K-6 \$60.00.

I confirm that the above named school has received accreditation by the State of Indiana for the current school year under the Performance Based Accreditation criteria.

(Principal's Name typed or printed) X _____ (Principal's Signature) _____ (Date)

School Name: _____ Phone #: _____
School Street Address: _____ Fax #: _____
City/Zip: _____ ISSMA Zone #: _____

***** Please list below all Current Music Director(s) at your school *****

Name: _____ Name: _____
Band _____ Orchestra _____ Vocal _____ Band _____ Orchestra _____ Vocal _____
Phone # _____ Phone # _____
E-mail address: _____ E-mail address: _____
Name: _____ Name: _____
Band _____ Orchestra _____ Vocal _____ Band _____ Orchestra _____ Vocal _____
Phone # _____ Phone # _____
E-mail address: _____ E-mail address: _____

(Please list any additional staff members on the back of this sheet.)

Mail to: ISSMA, Inc.
100 E. Thompson Rd.
Indianapolis, IN 46227
RETURN APPLICATION AND PAYMENT
TO THE ISSMA OFFICE PRIOR TO OR WITH
SCHOOL'S FIRST FESTIVAL ENTRY.

For Office Use Only
PAID
Check # _____
PO # _____