



ISSMA, Inc.
Institutional Membership Application / Invoice
(Academic Year 2010 - 2011)

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.)

(Please check the appropriate space)

Table with 3 columns for grade levels: K-12, 7 & 8, and K-5. Each column lists sub-grade levels and a corresponding fee: \$165.00, \$110.00, and \$65.00.

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.

PAID
Check # _____