



Indiana State School Music Association, Inc.

School Membership Application / Invoice

Academic Year 2016-2017

School Name: _____	School IDOE #: _____
School Street Address: _____	Grade Levels: _____ through _____
City / Zip: _____	School Phone #: _____
Principal's Name: _____	School Fax#: _____
Principal's Email: _____	ISSMA Zone #: _____

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 and therefore request School Membership with ISSMA.

Principal's Signature: _____ Date: _____

Please list below all Current Licensed Music Teacher(s) at your school.

Teacher Name	Areas Teaching (check all that apply)				Email	Direct Phone #	New To This School	First Year Teacher
	Band	Orch.	Choir	Other				

(Please list any additional licensed music teachers on the back of this sheet.)

Payment / Submission Information

Amount Due:

School's Highest Grade Level:

12th - \$200.00

8th - \$145.00

5th or 6th - \$100.00

Payment Method:

Check #: _____

PayPal Transaction #: _____

Purchase Order #: _____

(Invoice will be sent, however Membership will not be considered complete until payment is received.)

Mail Application Form with

Payment to:

ISSMA, Inc.
100 East Thompson Road
Indianapolis, IN 46227

As stated in the ISSMA Bylaws Article III: Section 2: *All submissions for membership consideration must be submitted prior to September 20 of the year of requested membership.*

Please Note: Previous member schools that have not renewed by September 20 shall have their website/entry registration accounts deactivated until membership has been renewed.