



Indiana State School Music Association, Inc.

School Membership Application

Academic Year 2019-2020

School Name: _____	IN Dept. of Ed. School #: _____
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 # or Extension	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 Building's Highest Grade:

- 5th or 6th - \$100.00
- 7th or 8th - \$145.00
- 9th to 12th - \$200.00

Payment Method:

Check #: _____

Online Transaction #: _____

Purchase Order #: _____

**Mail Application Form
with Payment to:**

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

Purchase Orders: Invoice will be sent, however Membership will not be considered complete until payment is received.

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.