



Indiana State School Music Association, Inc.

School Membership Application

Academic Year 2022-2023

School Name: _____ IN Dept. of Ed. School #: _____ ISSMA Zone #: _____
 School Street Address: _____ Grade Levels: _____ through _____
 City / Zip: _____ School Phone #: _____ School Fax #: _____
 Principal's Name: _____ Principal's Email: _____

All submissions for membership consideration (including renewals) must be submitted prior to September 20 of the year of requested membership.

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

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

I confirm that the above named school has received accreditation by the State of Indiana for the current school year under the Performanced Based Accreditation Criteria and therefore request School Membership with ISSMA.

Principal's Signature: _____ Date: _____

Amount Due (Membership Not Complete Until Payment Received)

School Building's Highest Grade (select only one):

- 5th or 6th - \$125.00
 7th or 8th - \$175.00
 9th to 12th - \$250.00

PAID: Check # _____ Online Transaction # _____ PO# _____

Submit Application & Payment to:

ISSMA, Inc.
 100 East Thompson Road
 Indianapolis, IN 46227
 abrianne@issma.net