Indiana State School Music Association, Inc.
School Membership Form
Academic Year 2024-2025

School Name: _____ ISSMA Zone #: _____

Street Address: _____ Grade Levels: _____ through _____

City / Zip: _____ School Phone #: _____

Principal: _____ Principal's Email: _____

Only those licensed music teachers listed on this form will be permitted to register for access to the "Directors Only Area" of the ISSMA website.

Teacher Name	Areas Teaching (check all that apply)				Email	Direct Phone # or Extension	First Year Teacher
	Band	Orch.	Choir	Other			

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

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: _____

All submissions for membership consideration (including renewals) must be submitted prior to September 20, 2024

Amount Due (Membership Not Complete Until Payment Received)

School Building's Highest Grade *(select only one)* : ◯ 5th / 6th ($150.00) ◯ 7th / 8th ($200.00) ◯ 9th / 12th ($275.00)

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

Submit Form & Payment to: ISSMA, Inc., 100 E. Thompson Road, Indianapolis, IN 46227 (abrianne@issma.net)