



The New York State Middle School Association

School Membership Application

Please return with payment to:
 NYSMSA • P.O. Box 2065 • Niagara Falls, NY 14301
 PH/FAX (716) 282-6511

Federal ID # 22-3105547

School Membership \$150 (annual rate per building): School receives 3 sets of all NYSMSA publications and member registration rates for **all** school staff to NYSMSA's Annual Fall Conference and regional workshops; casts 3 votes in annual elections. Primary contact (listed below) receives membership-related correspondence.

Please indicate: **New** **Renewal**

School _____

Number of Staff _____ **Grade Range** _____ **Enrollment** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

TEL () _____ **FAX** () _____

School District _____

Send Mailings to:	<u>Name</u>	<u>Position</u>	<u>Email</u>
Primary _____			
Name2 _____			
Name3 _____			

Payment Method (check one):

- Purchase Order (enclosed) Check (enclosed, payable to *NYSMSA*)
 Visa MasterCard

For Credit Cards payments only:

Credit Card # _____ **Expiration Date** _____

Cardholder Zip Code _____ **Card Security Code** _____

Authorized Signature _____