



The New York State Middle School Association

Individual Membership Application

Please return with payment to:
NYSMSA • P.O. Box 2065 • Niagara Falls, NY 14301
Federal ID # 22-3105547

Individual Membership \$50 (annual rate): Member receives 1 set of all NYSMSA publications and member rate for NYSMSA's Annual Fall Conference and regional workshops; 1 vote in annual elections.

Please indicate: New Renewal

Title: Mr. Ms. Mrs. Dr. Position _____

Name _____

School/Business Name _____

School District _____

Address provided is (Check one) School/Work Home

Mailing Address _____

City _____ State _____ Zip _____

TEL (work) () _____ FAX () _____

E-Mail Address _____ TEL (home/optional) () _____

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 _____