



**The New York State Middle School Association
Individual Membership Application**

Please return with payment to:

NYSMSA • PO Box 1329 • Lewiston, NY 14092

office@nysmsa.org

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 _____