



Membership Application and Renewal July 1, 2019 – June 30, 2020

Name _____

I am _____ Board Chair for '19 – '20 school year _____ Former Board Chair

Address _____

Preferred Phone: (Home) (Work) or (Cell) _____

Email address _____

School name _____

School Head name _____

Head's Email address _____

School Address _____

School website address _____

<3 years old _____ Early Childhood (N-K) _____ Elementary _____ Middle _____ High School _____

Day _____ Boarding _____ Coed _____ Female _____ Male _____ Total Enrollment _____

Dues to carry through June 30, 2020

_____ Full Membership (current Board Chair): \$295 before June 30, 2019; \$350 as of July 1

_____ This is my first year as Board Chair

_____ Number of years I have served as Board Chair

_____ Associate Membership (former Board Chair):

_____ \$150 before June 30, 2019; \$195 as of July 1

I give permission for ISCA to share my contact information only with other ISCA members.

Please enclose check payable to "ISCA" with this application form and mail to:

Bethany Di Napoli, Executive Director,

ISCA

287 Gibbs Ave

Newport, RI 02840