



# GENERAL Membership/Renewal Form

www.cisna.org

<b>Calendar Year January 20__ to December 20__ Date Submitted:</b>			
<b>School</b>	<b>Year Established:</b>		
<b>Website</b>			
<b>Physical address</b>			<b>Zip code</b>
<b>Mailing address if different from physical address</b>			<b>Zip code</b>
<b>Phone</b>	<b>Fax</b>		
<b>Principal/Head of School</b>			
<b>Additional Contact</b>			
<b>Email</b>			
<b>Additional Email</b>			
<b>Accredited by Regional Accrediting Agency:</b>		<b>Accredited Since:</b>	
<b>Type of School</b> <b>Check all that apply</b>	<input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit	
	<input type="checkbox"/> Boys Only School	<input type="checkbox"/> Girls Only School	<input type="checkbox"/> Co-ed
	<input type="checkbox"/> Full-Time School	<input type="checkbox"/> Weekend School	<input type="checkbox"/> Boarding School
<b>Total Enrollment</b> _____	PRE-K:	KG:	GRADES 1-5:      GRADES 6-8:      GRADES 9-12:
<b>Current Total Staff:</b>	Teaching Staff:	Non-Teaching Staff:	
<b>Payment Details (circle one)</b>			
General Membership Fee: \$150.00 Make <b>Check</b> payable to <b>CISNA</b> or Select type of <b>Credit Card</b> :			
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Name on Card:			
Signature:			Exp. Date:
Card No:			Date:      Amount:
<b>OFFICE USE ONLY</b>			
Date entered:			
Copy to Drive:			

Form may be Emailed to [cisnaoffice@isna.net](mailto:cisnaoffice@isna.net); Mailed to P.O. Box 38, Plainfield, Indiana 46168  
Or Faxed to 317-839-1840