



CISNA Membership Application

For Non-Profit Non-School Organizations Only

For Calendar Year(s) January 20__ to December 20__		Date Submitted:	
Non-Profit Educational Organization:			Website:
Street address:			
			Zip code:
Mailing address:			
			Zip code:
Phone:			Fax:
Chairman/President:			
Email:			Additional Email:
Mission:			
Year Established:		Number of Employees:	
Must submit copy of 501C3 and Bylaws to become a voting member			
Payment Details			
Membership Fee: \$250.00			
Make Check payable to CISNA or Select type of Credit Card:			
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Name on Card:			
Signature:			Exp. Date:
Card No:			Today's Date:
			Amount:
OFFICE USE ONLY			
Date entered:			
Confirmation Sent:			

Form may be MAILED to P.O. Box 38, Plainfield, Indiana 46168
 FAXED to 317-839-1840 or EMAILED to cisnaoffice@isna.net