



GENERAL Membership/Renewal Form

www.cisnausa.org

Calendar Year January 20__ to December 20__ Date Submitted:			
School	Year Established:		
Website			
Physical address			Zip code
Mailing address if different from physical address			Zip code
Phone	Fax		
Principal/Head of School			
Additional Contact			
Email			
Additional Email			
Accredited by Regional Accrediting Agency:		Accredited Since:	
Type of School Check all that apply	<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
Total Enrollment _____	PRE-K:	KG:	GRADES 1-5: GRADES 6-8: GRADES 9-12:
Current Total Staff:	Teaching Staff:	Non-Teaching Staff:	
Payment Details (circle one)			
General Membership Fee: \$150.00 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:			Date: Amount:
OFFICE USE ONLY			
Date entered:			
Copy to Drive:			

Form may be emailed to cisnaoffice@gmail.com; or mailed to 35 County Road 518, Princeton, NJ 08540