



CISNA Membership/Renewal Application

1	For Calendar Year(s) January 20__ to December 20__ Date Submitted:		
School/Organization:	Website:		
Street address:			
		Zip code:	
Mailing address:			
		Zip code:	
Phone:	Fax:		
Principal/Head of school/President:			
Email:	Additional Email:		
Select One:	<input type="checkbox"/> General Member <input type="checkbox"/> CISNA Accredited Member		
2	Year Established:		
Type of School/Organization Check all that apply	<input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> Boarding School		
	<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		
Total Enrollment: _____	PRE-K:	KG:	GRADES 1-5: GRADES 6-8: GRADES 9-12:
Current Total Staff/Employees:	Teaching Staff:		Non Teaching Staff:
Accredited by (If Applicable):		Accredited Since:	
3	Payment Details		
Initial Membership/Renewal Membership Fee for General Members: \$150.00 CISNA Accredited School Fees: 200 students or less - \$300.00; 201 students or more \$400.00 (Circle one) 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:			
Copy to Drive:			

FORM MAY BE MAILED to P.O. Box 38, Plainfield, Indiana 46168
 Faxed to 317-839-1840 or EMAILED to CISNA Executive Director Sufia Azmat at cisnaoffice@isna.net