



Membership Form

School Name _____

School Street Address _____

City/State/Zip _____

School Phone _____ Enrollment _____

Newspaper Name _____

Number of Issues per year _____ Size: _____ 8 1/2 x 11 _____ Tabloid _____ Broadsheet _____ Other _____

Website (if applicable) _____ Address _____

Newspaper Adviser _____ Email _____

Yearbook Name _____

Yearbook Company _____

Delivery: _____ Spring Book _____ Spring Book Supplement _____ Fall Book

Yearbook Adviser _____ Email _____

**Send this completed form with \$100 membership dues
per school payable to SISPA/SIUC to:**

Cathy Wall
Harrisburg High School
333 W. College St.
Harrisburg, IL 62946

Questions? cwall@harrisburg3.org or call 618-253-7637 (2131)

Office Use Only

Check # _____ ***Amount*** _____ ***Received*** _____