



# ***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 \$50 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*** \_\_\_\_\_