



# ***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:**

**Gina Shook**  
Carlyle High School  
1461 12th Street  
Carlyle IL 62231

Questions? [gshook@carlyle1.org](mailto:gshook@carlyle1.org) or (618) 594-2453 x. 2124

*Office Use Only*

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Received \_\_\_\_\_