INDEPENDENT SCHOOL HEALTH ASSOCIATION
P.O. Box 482 ~ Byfield, MA 01922 ~ 978.462.1568 ~ www.ishanet.org

2009 - 2010 Membership Form
July 1, 2009 to June 30, 2010

Membership in ISHA is open to all independent schools and to professionals not employed by schools, such as physicians, psychologists, counselors, or others concerned with the health and well being of students, including staff and faculty of non-member schools. If you are not associated with a school please use the Independent Professional/Consultant (see category below)

FEES:

Schools with over 500 students:	$275.00
Schools with under 500 students:	$175.00
*Independent Professional/Consultant:	$125.00

(For international payments please send equivalent U.S. funds)

SCHOOL NAME:____# of Students:______Grades:______

____Co-Ed ____Girls Only ____Boys Only ____Day ____Boarding ____Day/Boarding

Health Center Director:____________________________Email: ________________________________

(*The person listed above will receive the yearly membership renewal form for the school*)

Street Address:____

City:_____________________________ State:______________Zip + 4:__________________________

Telephone:________________________ Fax:______________________

WE NOW SEND OUR PUBLICATIONS VIA EMAIL. PLEASE ENTER EMAIL ADDRESSES FOR ALL INDIVIDUALS

Head of School:_________________________________Email:__________________________________

Dean of Students: ______________________________Email:__________________________________

Counseling Services:_____________________________Email:__________________________________

Athletic Director:________________________________Email:__________________________________

Student Services:_______________________________Email:__________________________________

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INDEPENDENT PROFESSIONAL/CONSULTANT NAME:____

Usually not employed by a school but has association with a school

Organization:___________________________________Title:_________________________________

Email:___________________________Telephone:__________________Fax:______________________

Street Address:__________________________City:________________State:__________Zip:__________

Please return with payment to: Independent School Health Association (ISHA) PO Box 482, Byfield, MA 01922

for office use: ck#:__________date:__________amount:________