

IHSA Membership Invoice

One check should be made payable to IHSA, Inc. for the riders you list below.

Mail to Naomi Blumenthal: PO Box 455, Fayetteville, NY 13066

IHSA Tax ID# 47-2345589

(please do not include Alumni memberships in this check)

School or University	Coach	Phone	Email
Student Name	Circle or Highlight Choice	Use additional pages if necessary	
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
	H \$45	W \$45	Combo \$65
		Check Total:	