IHSA Membership Invoice

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

Mail to Noami 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 \$40 | W \$40 | Combo \$60 |
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| | | Check Total: | |