



# INDIANA HIGH SCHOOL PRESS ASSO-

## 2004-05 Associate Membership Application

Every associate member must complete this section.  
All information below will be used in the IHSPA directory. Please be thorough.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### • Fees •

Associate Membership is \$15 for the year. Please enclose check payable to:

**IHSPA  
Franklin College  
501 East Monroe Street  
Franklin, IN 46131**

Current memberships extend one year from point of application. Return application form with payment or P.O. to: IHSPA FAX: (317) 738-8234

Dennis Cripe, Executive Director  
IHSPA, Franklin College  
501 East Monroe Street Franklin, IN 46131

IHSPA PHONE: (317) 738-8198 or Toll Free 1-800-852-0232  
E-MAIL ADDRESS: dcripe@franklincollege.edu

### OFFICE USE ONLY

Check # \_\_\_\_\_

Date \_\_\_\_\_