

Indiana Classical Conference

2004-2005 Membership Form

Name: (Title)_____ (First)_____ (Last)_____

Department: _____

School: _____

SCHOOL address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

HOME address: _____

City/State: _____ Zip: _____

Phone #: _____

Email address: _____

*Please indicate where you would like your ICC correspondence sent:
___Home ___School

Dues are \$15.00
(\$5.00 for students and retirees)
[If you would like to donate to the scholarship fund, please indicate amount.]

Dues \$ _____

Scholarship donation \$ _____

Total \$ _____

Please send completed form and payment to:

Lisanne R. Marshall
ICC Secretary/Treasurer
Warren Central High School
9500 E. 16th St.
Indianapolis, IN 46229
magistramarshall@yahoo.com