



ISBGA Membership Form

District/School

Name \_\_\_\_\_

District/School Contact Person (s) \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone Number and Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Dues: \$300.00/year

New member's only Special offer 2 years for \$300.00

Send to Bruce "Bud" Juilfs 1051 Ginkgo Ave Wellman IA 52356