

ISBGA Membership Form

District/School
Name _____

District/School Contact Person (s) _____

Address _____

City/Zip _____

Phone Number and Fax _____

E-mail Address _____

Dues: \$175.00/year

New member's only Special offer 2 years for \$175.00

Send to Ray Rowe Executive Director, 1619 Riverside Blvd Sioux City IA 51109