

Name: _____
(Please Print) Last First

Home: _____
(Mailing Address) Street or Box Number City State Zip (Area) Phone Number

Name of School: _____ **School District:** _____
(Or Business)

School: _____
(Or Business) Street or Box Number City State Zip (Area) Phone Number

E-Mail Address: _____

Check here to allow your **HOME** information to be published in the online IBA Membership Directory.
 Check here to receive a **PRINTED** copy of the IBA Membership Directory.

IBA District (Circle One): NE NC NW SE SC SW OS
(School or Business Location)

Job Description (Check all applicable) Instrumental Music: Elementary _____ MS _____ JH _____ HS _____ College _____
Music Supervisor _____ Admin. (Non-music) _____ Vocal _____ Other _____

Years Teaching - Not Counting This Year: _____ **Student Members -Year in School:** _____ **New Member:** _____
(Not a Member Last Year)

Active (\$75) _____ **Associate (\$45)** _____ **Retired (\$30)** _____ **Student (\$20)** _____ **Date:** _____

Place
First Class
Postage Here
If Mailing
Separately

IOWA BANDMASTERS ASSOCIATION, INC.

Steven Cook, I.B.A. Secretary

415 E Pine Ridge Dr.

Polk City, IA 50226-2207