IOWA HIGH SCHOOL SPEECH ASSOCIATION

IHSSA + YOU

5000 WESTOWN PARKWAY
SUITE 150
WDM, IA 50266
515.288.9741
www.ihssa.org

Please complete your membership form and return it to the IHSSA office. Include your school's check in the amount of $100 for high school membership and $50 for 8th/9th grade membership. In order to participate in IHSSA events these fees must be paid by **November 15, 2026** without additional penalty. **Please make a copy of this as your official invoice. Send the official copy with payment to IHSSA.**

2026-2027 IHSSA MEMBERSHIP ENROLLMENT

NAME OF SCHOOL _____ **PHONE** ( )_____

DISTRICT: NE _____ NW _____ SE _____ SW _____

STREET ADDRESS _____

CITY _____ **ZIP** _____ **COUNTY**_____

ADMIN ADDRESS_____ **CITY**_____ **ZIP**_____

Enclosed are membership dues for the 2026-2027 school year in the amount of:

High School MEMBERSHIP paid BEFORE Nov. 15: $100 _____ **TOTAL $ ENCLOSED:**_____
High School MEMBERSHIP paid AFTER Nov. 15: $125 _____
8th/9th Grade Membership: $50 _____

IHSSA OFFICE USE ONLY: *TOTAL ENCLOSED:*_____ *CHECK #:*_____*DATE RECD:*_____

Please PRINT neatly below: CHECK NEW COACH BOX if applicable.

PRINCIPAL NAME_____

CELL#_____**E-MAIL** _____

IHSSA HEAD COACH _____**New Coach** ☐

CELL#_____**E-MAIL** _____

******TURN OVER THE PAGE! Complete back side for LARGE GROUP, IE, DEBATE, and ASSISTANTS.***

LARGE GROUP COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

INDIVIDUAL EVENTS COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

DEBATE COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

ADDT. COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

ADDT. COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

ADDT. COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

ADDT. COACH _____ New Coach ☐

CELL#_____ E-MAIL _____

ADDT. COACH _____ New Coach ☐

CELL#_____ E-MAIL _____