

**IOWA
HIGH
SCHOOL
SPEECH
ASSOCIATION**



**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 9th grade membership. In order to participate in IHSSA events these fees must be paid by **November 15, 2025** without additional penalty. **Please make a copy of this as your official invoice.**

2025-2026 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 2025-2026 school year in the amount of:

High School MEMBERSHIP paid BEFORE Nov. 15: \$100 _____ **TOTAL ENCLOSED:** _____

High School MEMBERSHIP paid AFTER Nov. 15: \$125 _____ **CHECK/ACH #:** _____

9th Grade Membership: \$50 _____ **DATE:** _____

IHSSA OFFICE USE ONLY: TOTAL ENCLOSED: _____ CHECK/ACH #: _____ DATE: _____

PLEASE print neatly below: CHECK NEW COACH BOX if applicable

HEAD COACH _____

CELL#	E-MAIL	New Coach

LARGE GROUP COACH

CELL#	E-MAIL	New Coach

INDIVIDUAL EVENTS COACH

CELL#	E-MAIL	New Coach

TURN OVER>>>>>>>>>

DEBATE COACH _____

CELL# _____ E-MAIL _____

New Coach

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PRINCIPAL _____

CELL# _____ E-MAIL _____

ADDT. COACH _____

CELL# _____ E-MAIL _____

New Coach

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ADDT. COACH _____

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ADDT. COACH _____

CELL# _____ E-MAIL _____

New Coach

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