



INDIANA COUNCIL FOR THE SOCIAL STUDIES

Over 80 years of advocating for Social Studies in Indiana

www.indianasocialstudies.com

Benefits of Membership

- Organizational connections
- Professional networking at local, state, regional, and national levels
- Opportunity to attend state conferences at reduced rates
- Announcements about national, regional, and local seminars, workshops, and symposiums
- Professional certification opportunities
- Website – dissemination of social studies and education resources
- Connect with vendors and resource centers
- State awards and honors
- Seed grants for special projects
- Networking opportunities
- Professional development and PGP certificates
- Opportunities to develop leadership skills
- Regular professional development

JOIN HERE



MEMBERSHIP APPLICATION

____ICSS Regular Membership	\$50.00	New	Renewal
____ICSS First Year Teacher	\$30.00	New	
____+ICSS Student	\$10.00	New	Renewal
____Retiree	\$30.00	New	Renewal
____Institutional Membership**	\$100.00	New	Renewal

+Professor’s signature required for student membership.

+Student Recommended by _____
(Professor Signature)

**Institutional Memberships allow five educators from the same school or affiliate organization to join for \$100. To enroll in an Institutional Membership, form must be completed on a hard copy (page two of membership application form) and mailed to Elizabeth Osborn, ICSS Treasurer, 8713 Buffalo Ridge Drive, Indianapolis, IN 46227. All five individuals within an institutional membership will receive online notifications. Institutional members receive the same benefits as regular members. Additional members (over five) will be added for \$20 each and must be from the same school building.

The ICSS dues calendar year expires May 31st.

Individual Membership Application

Name _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email address _____

Grade Level: ____Elementary ____Jr. High/Middle ____High School ____K-12 ____College ____Other

Position: ____Teacher ____+Full-time Student

____Dept. Head ____Retired

____Administrator ____College Faculty ____Other _____

Send completed form and a single check **made payable to ICSS**, and send to:
Elizabeth Osborn, ICSS Treasurer, 8713 Buffalo Ridge Drive, Indianapolis, IN 46227

ICSS Institutional Membership Form

All institutional members will receive online communications and publications.

1. Name _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Email address _____
Grade Level: ___Elementary ___Jr. High/Middle ___High School ___K-12 ___College ___Other
Position: ___Teacher ___+Full-time Student ___Dept. Head ___Retired ___College Faculty ___Other

2. Name _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Email address _____
Grade Level: ___Elementary ___Jr. High/Middle ___High School ___K-12 ___College ___Other
Position: ___Teacher ___+Full-time Student ___Dept. Head ___Retired ___College Faculty ___Other

3. Name _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Email address _____
Grade Level: ___Elementary ___Jr. High/Middle ___High School ___K-12 ___College ___Other
Position: ___Teacher ___+Full-time Student ___Dept. Head ___Retired ___College Faculty ___Other

4. Name _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Email address _____
Grade Level: ___Elementary ___Jr. High/Middle ___High School ___K-12 ___College ___Other
Position: ___Teacher ___+Full-time Student ___Dept. Head ___Retired ___College Faculty ___Other

5. Name _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____
Email address _____
Grade Level: ___Elementary ___Jr. High/Middle ___High School ___K-12 ___College ___Other
Position: ___Teacher ___+Full-time Student ___Dept. Head ___Retired ___College Faculty ___Other

For additional Institutional Members (i.e. more than five) make additional copies of this form and, add \$20 each.