



**INDIANA
Council for the
Social Studies**

An Affiliate of the National Council for the Social Studies

Founded 1939

Over 80 years of Advocating for Social Studies in Indiana

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

[Contact ICSS](#)

Website: www.indianasocialstudies.com

[Join Here](#)

INDIANA COUNCIL FOR THE SOCIAL STUDIES MEMBERSHIP APPLICATION

				(Circle One)	
_____ 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, the form must be completed on a hard copy (page two of membership application form) and sent Ellie James, ICSS Treasurer, 8255 Winthrop Avenue, Indianapolis, IN 46240. 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:
Ellie James, ICSS Treasurer, 8255 Winthrop Avenue, Indianapolis, IN 46240.

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.