



ISIM Membership Form

*Name _____

*Street Address _____

*City _____

*State/Province _____

*Country _____

*Zip Code _____

Phone _____

Email _____

Organization _____

Personal Website _____

Occupation *please select all that apply*

Performer Educator Researcher Student Other (please specify): _____

Availability *please select all that apply*

Concerts Clinics Residencies Presentations Other (please specify): _____

Please attach a biography Approximately 50 words.

Level of Membership

Active - \$90 annually

Student - \$45 annually

Associate - \$250 annually

School - \$250 annually

Patron - \$1000 annually

Amount enclosed \$

Check or money order only. Please write check to: International Society for Improvised Music

Send completed application and payment to:

International Society for Improvised Music

Attn: Kate Olson, ISIM Administrative Director

P.O. Box 1603

Ann Arbor, MI 48106

USA

Thank you!