



MEMBERSHIP APPLICATION

School Name _____ Date Received _____

School Address _____

City _____ Zip Code _____ School Phone _____

School Website Address _____

Superintendent _____ Principal _____

Athletic Director _____

If approved, school's official representative to SIJHSAA _____

Representative's Phone _____

Representative's e-mail _____

Current k-8 Total Enrollment _____

Is your school a recognized member of the Illinois State Board of Education (ISBE)? _____

Is your school currently a member of an athletic association? _____

If so, which association(s)? _____

If approved for membership in SIJHSAA, will your school participate exclusively in SIJHSAA athletics? _____

Indicate which sport(s) your school is interested in SIJHSAA participation:

Girls' sports:

- ___ Basketball
- ___ Bowling
- ___ Cross Country
- ___ Golf
- ___ Softball
- ___ Track & Field
- ___ volleyball

Boys' sports:

- ___ Baseball
- ___ Basketball
- ___ Bowling
- ___ Cross Country
- ___ Golf
- ___ Track & Field

List any previous good sportsmanship recognitions received by your school, any team, or any coach in your athletic department (in past 6 years):

List any previous disciplinary action (probation, suspension, ejection, etc.) Assigned to your school, any team, or any coach in your athletic department (in past 6 years):

*After the completed application is submitted, the application will be reviewed by the SIJHSAA Membership Committee.
The application may then be forwarded to the SIJHSAA Board of Control for possible approval for membership in SIJHSAA.*