

WISCONSIN SCHOOL MUSIC ASSOCIATION
Beyond Ratings
Order Form

NAME _____

SCHOOL NAME _____

**SCHOOL
ACCOUNT NUMBER** _____

BILLING ADDRESS

Street Address _____

City _____

State _____

Zip Code _____

SHIPPING ADDRESS

Street Address _____

City _____

State _____

Zip Code _____

ORDER INFORMATION

NUMBER OF BOOKS _____

TYPE OF PAYMENT

\$25.00 WSMA MEMBER COST *(Include \$3.00 for shipping & handling)*

\$35.00 NON - WSMA MEMBER COST *(Include \$3.00 for shipping & handling)*

Please circle payment method:

- CASH

Amount Enclosed: _____

- CHECK (Make payable to WSMA)

- VISA/MC

Account Number: _____

Expiration Date: _____

- PLEASE INVOICE ME
- PLEASE INVOICE THE SCHOOL

Purchase Order Number: _____

Send Order Form to:
1005 Quinn Drive, Waunakee, WI 53597 OR Fax To: 608-850-3515