

OASSA

MEMBERSHIP APPLICATION

OHIO ASSOCIATION OF SECONDARY
SCHOOL ADMINISTRATORS
8050 N. HIGH ST. SUITE 180
COLUMBUS, OH 43235

PHONE (614) 430-8311
FAX (614) 430-8315
www.oassa.org

NAME _____ POSITION _____

SCHOOL _____ SCHOOL DISTRICT _____

ADDRESS _____

CITY/ZIP _____ SCHOOL COUNTY _____

OASSA MEMBERSHIP # _____ SCHOOL PHONE/EXTENSION _____

CELL PHONE # _____

SCHOOL E-MAIL ADDRESS (REQUIRED) _____

HOME ADDRESS _____
STREET CITY/STATE/ZIP

HOME PHONE _____

CHECK HERE IF YOU WANT MAILINGS SENT TO YOUR HOME _____

OASSA MEMBERSHIP IS NON-TRANSFERABLE

PLEASE CHECK ONE: OASSA - \$275 _____
OASSA AND NASSP - \$525 _____
OASSA AND FIRST TIME NASSP - \$490 _____

METHOD OF PAYMENT:

CHECK ENCLOSED (PAID IN FULL) _____ (Make checks payable to OASSA)

PURCHASE ORDER NUMBER _____ (Include copy of Purchase Order)

PAYROLL DEDUCTION _____ Enclose Payroll Deduction Authorization Form signed by Treasurer
(this form is available on our website under Membership)

CREDIT CARD PAYMENTS Card # _____ Exp Date _____
TO BE USED FOR
FULL PAYMENTS ONLY Card Billing Address _____
Street City Zip

District Credit Card _____ Personal Credit Card _____

Email address for receipt _____

NOTE: OASSA dues may be deducted as a business expense but not as a charitable contribution for income tax purposes.

FOR OFFICE USE ONLY

	AMOUNT	DATE RECEIVED	CHECK NUMBER	DIST _____
PAYMENT	_____	_____	_____	