

OHIO ASSOCIATION OF SECONDARY SCHOOL ADMINISTRATORS  
8050 N. HIGH STREET - SUITE 180  
COLUMBUS, OHIO 43235-6484  
614-430-8311

## 2010-2011 FORM FOR ASSOCIATE MEMBERSHIP

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

YOUR TITLE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(Be sure to provide this as we are doing various mass emails to members)

ASSOCIATE MEMBERSHIP IS LIMITED TO THE FOLLOWING. PLEASE CHECK THAT WHICH APPLIES TO YOU:

\_\_\_\_\_ FULL TIME GRADUATE STUDENT

\_\_\_\_\_ COLLEGE PROFESSOR

\_\_\_\_\_ ACTIVE MEMBER OF ANOTHER OHIO ADMINISTRATOR ASSOCIATION  
(OAESA, OASBO, BASA)

\_\_\_\_\_ TEACHER

ASSOCIATE MEMBERS RECEIVE ALL OASSA MAILINGS. ATTENDANCE AT OASSA CONFERENCES/WORKSHOPS WILL BE AT THE NON-MEMBER RATE.

DUES AS AN ASSOCIATE MEMBER IN OASSA ARE \$50.00 PER YEAR. PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER PAYABLE TO OASSA AND MAIL WITH THIS APPLICATION TO:

OASSA  
8050 N. HIGH ST., SUITE 180  
COLUMBUS, OHIO 43235-6484

OFFICE USE ONLY:

AMOUNT                      DATE RECEIVED                      CHECK NUMBER

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