

OASSA

2010-2011 MEMBERSHIP APPLICATION

OHIO ASSOCIATION OF SECONDARY
 SCHOOL ADMINISTRATORS
 8050 N HIGH ST - STE 180
 COLUMBUS OH 43235-6484

PHONE (614) 430-8311
 FAX (614) 430-8315

NAME _____ POSITION _____

SCHOOL _____

SCHOOL DISTRICT _____

ADDRESS _____

CITY/ZIP _____

SCHOOL COUNTY _____

OASSA MEMBERSHIP # _____

SCHOOL PHONE/EXTENSION _____

CELL PHONE # _____

SCHOOL FAX _____

E-MAIL ADDRESS (REQUIRED) _____

HOME ADDRESS _____

STREET

CITY/STATE/ZIP

HOME PHONE _____

CHECK HERE IF YOU WANT MAILINGS SENT TO YOUR HOME _____

IF YOU ARE NEW, WHO REFERRED YOU TO OASSA? _____

PLEASE CHECK ONE: **OASSA - \$255** _____ **OASSA and NASSP - \$489** _____

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 SIGNED BY TREASURER

QUARTERLY PAYMENT PLAN (YOU WILL BE INVOICED FOR REMAINING PAYMENTS)

_____ OASSA ONLY - \$90 DOWN, 3 PAYMENTS OF \$55 EACH

_____ OASSA/NASSP - \$169 DOWN, 4 PAYMENTS OF \$80 EACH

CREDIT CARD PAYMENTS

TO BE USED FOR _____
 FULL PAYMENTS ONLY

DISCOVER # _____ EXP DATE _____

MASTERCARD # _____ EXP DATE _____

VISA # _____ EXP DATE _____

OPTIONAL: ABC-PAC (ADMINISTRATORS, BOARD MEMBERS, CITIZENS POLITICAL ACTION COMM)

FULL PAYMENT BY PERSONAL CHECK ONLY - \$25.00 _____

FOR OFFICE USE ONLY

	AMOUNT	DATE RECEIVED	CHECK #	DIST _____
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1st PAYMENT	_____	_____	_____	
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2nd PAYMENT	_____	_____	_____	
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3rd PAYMENT	_____	_____	_____	
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4th PAYMENT	_____	_____	_____	
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5th PAYMENT	_____	_____	_____	
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