

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

ASSOCIATE MEMBERSHIP APPLICATION

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE NUMBER _____

YOUR POSITION _____

E-MAIL ADDRESS _____

(Be sure to provide this, as you will receive the monthly UPDATE electronically)

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 MEMBER RATE.

DUES AS AN ASSOCIATE MEMBER IN OASSA ARE \$60.00 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

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

OFFICE USE ONLY:

AMOUNT DATE RECEIVED CHECK NUMBER
