

# 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 FAX \_\_\_\_\_

SCHOOL 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? \_\_\_\_\_

OASSA MEMBERSHIP IS NON-TRANSFERRABLE

**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 SIGNED BY TREASURER

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

- \_\_\_\_\_ OASSA ONLY - \$95 DOWN, 3 PAYMENTS OF \$60 EACH
- \_\_\_\_\_ OASSA/NASSP - \$185 DOWN, 4 PAYMENTS OF \$85 EACH
- \_\_\_\_\_ OASSA/FIRST TIME NASSP - \$150 DOWN, 4 PAYMENTS OF \$85 EACH

**CREDIT CARD PAYMENTS** CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

TO BE USED FOR  
FULL PAYMENTS ONLY 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 _____
1 <sup>ST</sup> PAYMENT	_____	_____	_____	
2 <sup>ND</sup> PAYMENT	_____	_____	_____	
3 <sup>RD</sup> PAYMENT	_____	_____	_____	
4 <sup>TH</sup> PAYMENT	_____	_____	_____	
5 <sup>TH</sup> PAYMENT	_____	_____	_____	