

OASSA UPDATE

Are You Moving?

Are you starting the new school year at a different school?
Make sure you don't miss a single issue of the OASSA UPDATE or any of
the other benefits of OASSA membership.

CHANGE OF ADDRESS FORM

Name _____ OASSA Membership # _____

Current School _____

NEW INFORMATION

Mail to: School Home Effective Date _____ Position _____

SCHOOL

School Name _____

School Address _____

City _____ State _____ Zip _____

School District _____ County _____

Phone _____ Fax _____ E-mail _____

HOME

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

*Please fax this form to the OASSA, Attn: Membership at 614-430-8315
or mail it to OASSA, 8050 N. High Street, Ste. 180, Columbus, OH 43235-6484*

