

# 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 E-MAIL ADDRESS (REQUIRED) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY/STATE/ZIP

HOME PHONE \_\_\_\_\_

CHECK HERE IF YOU WANT MAILINGS SENT TO YOUR HOME \_\_\_\_\_

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## OASSA MEMBERSHIP IS NON-TRANSFERABLE

PLEASE CHECK ONE: OASSA - \$295 \_\_\_\_\_  
OASSA AND NASSP - \$545 \_\_\_\_\_  
OASSA AND FIRST TIME NASSP - \$510 \_\_\_\_\_

### 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

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

District Credit Card \_\_\_\_\_ Personal Credit Card \_\_\_\_\_

Email address for receipt \_\_\_\_\_

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