

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 _____

REFERRED BY _____

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 _____

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