OIAAA COMMITTEE MEMBERSHIP APPLICATION

Thank you for your interest in serving as a volunteer on an OIAAA committee. Committee meetings may be held throughout the year and at the annual State Conference. It is important that all committee members attend the conference. Please do not complete an application if you are unable to attend the annual conference.

Name: _____ Title: _____ Date: _____

School: _____

School Address: _____ _____ _____
street city city

Office Phone: _____ Cell: _____ E-mail: _____

OIAAA/NIAAA Membership #:_____ Designation: ___PAA ___PRSAA ___CAA ___OMAA

Membership Classification: ___**Regular** ___ **Associate** ___ **Retired** ___ **Lifetime**

OIAAA District of Employment (or, residency, if retired): **NW C NE SW E SE**

Years of OIAAA/MIAAA membership: _____

Number of OIAAA State Conferences attended: _____ Number of NIAAA (National) A.D. Conferences attended: _____

Indicate which of the following committees you are requesting consideration in joining by circling the committee listing:

Retiree Committee **Endowment Committee** **Awards Committee**

Certification Committee **Website Committee** **Professional Development Committee**

Please list your subject areas with Expertise:

Please list your subject areas with Experience:

Send completed application to: Bruce Brown, CMAA, OIAAA Executive Director, 707 Dale Av. NW, Strasburg, OH 44680, or

e-mail to: oiaaa.brucebrown@gmail.com